

**EFFECTIVENESS OF RELATIONSHIP ENHANCEMENT PROGRAM ON
PSYCHOSOCIAL WELLBEING AMONG WOMEN WITH MARITAL
DISCORD AT SELECTED COMMUNITY AREAS, SALEM**

BY

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**A DISSERTATION SUBMITTED TO
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‘When you learn to say thank you, you see the world anew’

-Oprah Winfrey

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ABSTRACT

A study was conducted to determine the Effectiveness of Relationship Enhancement Program on Psychosocial well being among Women with Marital discord at selected community area, Salem.

A quantitative research approach with quasi-experimental (pre test post test with control group) design was adopted. The settings of the study were Karipatti community area, Salem as experimental group and Poolavari community area, Salem as control group. Sixty women with marital discord were selected by purposive sampling technique. Screening was done with modified conflict tactic scale to draw the women with marital discord. Level of psychosocial well being was assessed by using author devised interview scale. Relationship Enhancement Program was carried out in three stages for one hour per day. Followed with 21 days of practice of the relationship enhancement program, post test was conducted on day 27th and 28th day both for experimental and control group respectively. The data gathered were analyzed by descriptive and inferential statistics. The findings revealed that during pre test, in experimental group, all 30(100%) women with marital discord had moderate impairment in psychological well being where as in control group 28(80%) women with marital discord had moderate impairment in psychosocial well being and 2(20%) women with marital discord had severe impairment in psychosocial well being. During post test, in experimental group, 8(26.7) had mild impairment in psychosocial well being and 22 (73.33%) had moderate impairment in psychosocial well being. In control group 28(80%) have moderate impairment in psychosocial well being and 2(20%) had severe impairment in psychosocial well being.

The pre test mean score level of psychosocial well being among women with marital discord in experimental group is 53.06 ± 5.87 and the mean post test score is 38.03 ± 6.38 with a mean difference of -15.03. The estimated paired 't' value 13.43 is significantly higher than the table value 2.05 at $p \leq 0.05$ level. It shows that the relationship enhancement program is effective in improving the level of psychosocial well being among women with marital discord. Hence the research hypothesis H_1 is retained at $p \leq 0.05$ level. There was a significant association between the level of psychosocial well being among women with marital discord and their age in control group. Hence hypothesis H_3 is retained for the above mentioned demographic variable at $p \leq 0.05$ level. The study implies that Relationship Enhancement Program was effective for improving psychosocial well being among women with marital discord.

CHAPTER-I

INTRODUCTION

The sweetest noise on earth, a woman's tongue; A string which hath no discord...

-BryanProcter

Marriage, also called matrimony or wedlock, is a socially or ritually recognized union between spouses that establishes rights and obligations between them, between them and their children, and between them and their in-laws. The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships, usually sexual, are acknowledged. In some cultures, marriage is recommended or considered to be compulsory before pursuing any sexual activity (**Ghorbany. A, 2010**).

Individuals may marry for several reasons, including legal, social, libidinal, emotional, financial, spiritual, and religious purposes. Whom they marry may be influenced by socially determined rules of incest, prescriptive marriage rules, parental choice and individual desire. In some areas of the world, arranged marriage, child marriage, polygamy, and sometimes forced marriage, may be practiced as a cultural tradition. Conversely, such practices may be outlawed and penalized in parts of the world out of concerns for women's rights and because of international law. In developed parts of the world, there has been a general trend towards ensuring equal rights within marriage for women and legally recognizing the marriages of interfaith or interracial, and same sex couples (**Garima.M ,2014**).

Marriage is one of the oldest socially recognized institution and essential for the procreation of children and satisfaction of our sexual urges. In different societies there are different methods of marriage. Some of the societies allow a male to marry only a single female whereas in other societies a husband is allowed to have more

than one wife. Similarly some societies will not allow a woman to have more than one husband whereas other societies will not mind a woman having more than one husband (**Barahmand.U, 2013**).

A stable and satisfying marriage can provide an important source of emotional and instrumental support throughout adulthood, and is associated with increased economic well-being, mental health, and physical health. Some of these apparent benefits of marriage may result from improved health behaviors among married people, care and monitoring provided by a spouse, or by selection of the healthiest, happiest, and most economically secure men and women into stable marriages in the first place (**Rodney Wilson,2016**).

Marital discord refers to the common process whereby the relationship between married couples erodes, such that they cannot ordinarily restore their relationship. There are many stages to the process, and each individual goes through the stages at different rates. It is a complex process involving psychology, personal finance, and often religion. It is the breach of domestic anticipation, often leading to a divorce or dissolution of the marital relationship. Often there are children, in-laws, and other individuals involved in the process. At the end of the process, there may be no relationship left, or there may be a long-term relationship at a distance. Every marital discord is different in this regard (**Nugent Pam. N.S,2013**).

There are some common patterns that often result in marital conflict and sometimes in infidelity in a marriage or committed relationship. The common causes of marital discord includes, Unacknowledged or Unresolved Anger or Resentment , the Experience of “Boredom” in the Marriage, the “Midlife Crisis”, a money troubles ,narcissistic personality, poor communication Skills style, a jealous

spouse, Differences on discipline, the spouses grew up and apart, Not carrying their weight, etc (**Kristen Mc Call,2016**).

Marriage and divorce are both common experiences. In Western cultures, more than 90 percent of people marry by age 50. Healthy marriages are good for couples' mental and physical health. They are also good for children; growing up in a happy home protects children from mental, physical, educational and social problems. However, about 40 to 50 percent of married couples in the United States divorce. The divorce rate for subsequent marriages is even higher (**Hamilton, 2013**).

During conflict, distressed couples make more negative statements and fewer positive statements than non-distressed couples. They are also more likely to respond with negative behavior when their partner behaves negatively. Indeed, this negative reciprocity, as it is called, is more consistent across different types of situations than is the amount of negative behavior, making it the most reliable overt signature of marital distress. Negative behavior is both more frequent and more frequently reciprocated in couples that engage in physical aggression than in other couples. Nonverbal behavior, often used as an index of emotion, reflects marital satisfaction better than verbal behavior, and unlike verbal behavior does not change when spouses try to fake good and bad marriages (**Tolorunleke,2014**).

Marital conflicts can be about virtually anything. Couples complain about sources of conflict ranging from verbal and physical abusiveness to personal characteristics and behaviors. Perceived inequity in a couple's division of labor is associated with marital conflict and with a tendency for the male to withdraw in response to conflict. Conflict over power is also strongly related to marital dissatisfaction. Spouses' reports of conflict over extramarital sex, problematic drinking, or drug use predict divorce, as do wives' reports of husbands being jealous

and spending money foolishly. Greater problem severity increases the likelihood of divorce. Even though it is often not reported to be a problem by couples, violence among newlyweds is a predictor of divorce, as is psychological aggression (verbal aggression and nonverbal aggressive behaviors that are not directed at the partner's body) (**John Gottman, 2016**).

The attention given on marital conflict is understandable when we consider its implications for mental, physical, and family health. Marital conflict has been linked to the onset of depressive symptoms, eating disorders, male alcoholism, episodic drinking, binge drinking, and out-of-home drinking. Although married individuals are healthier on average than the unmarried, marital conflict is associated with poorer health and with specific illnesses such as cancer, cardiac disease, and chronic pain, perhaps because hostile behaviors during conflict are related to alterations in immunological, endocrine, and cardiovascular functioning. Physical aggression occurs in about 30% of married couples in the United States, leading to significant physical injury in about 10% of couples. Marriage is also the most common interpersonal context for homicide, and more women are murdered by their partners than by anyone else. Finally, marital conflict is associated with important family outcomes, including poor parenting, poor adjustment of children, increased likelihood of parent-child conflict, and conflict between siblings. Marital conflicts that are frequent, intense, physical, unresolved, and child related have a particularly negative influence on children, as do marital conflicts that spouses attribute to their child's behavior (**Frank .D. Farrell ,2011**).

Psychological well being is refers to how people evaluate their lives. These evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one's life that is when a person gives

conscious evaluative judgments about one's satisfaction with life as whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person (**Zammit.A.R, 2012**).

psychological well-being in terms of internal experience of the respondent and their own perception of their lives. It focused both on momentary moods and long term states of their mental well-being.

Many couples are as committed as ever to having a successful, happy relationship, but sometimes they find attaining that goal difficult. Often they lack the knowledge and skills necessary to achieve the relationship they really want. Relationship enhancement program is for couples interested in strengthening their marriage by improving their communication and problem-solving skills. The program is designed to teach couples communication skills and ground rules for handling conflict and promoting intimacy, with the aim of preventing future marital problems and divorce (**Khajeh,2014**).

Relationship enhancement program is based on over twenty-five years of research, funded in part by the National Institute of Mental Health, indicating that the past predictor of divorce is destructive styles of arguing. It is not that other things do not predict, but how couples communicate and handle conflict is both a powerful predictor and it is changeable behavior. Therefore, relationship enhancement program

emphasizes constructive arguing techniques that allow males and females to adjust their communication styles and achieve more positive and intimate communication.

Need for the study:

Psychological well-being is defined as possessing the capacity for good decision-making, effective stress management, good communication skills, effective parenting, and caring for oneself emotionally, according to **Dr. Donald Franklin (2003)**. Others define psychological well-being as a general reference to feelings of happiness and hopefulness (**Marks, 1996; Ross et al., 1990**). As these definitions illustrate, psychological health affects many aspects of life.

Psychological distress most commonly consists of feelings of sadness, hopelessness, loneliness, abnormal eating and sleeping patterns, and irritability, which are symptoms that commonly occur when experiencing depression. Psychological distress is frequently characterized as depression. Much of the research on marital status and well-being uses scores on measures of depression as an indicator of psychological distress. Distress can also be identified by measures of anxiety, happiness, and self-esteem (**Soulsby, 2015**).

Although psychological well-being is an internal state, it is affected by external factors. Some influential external factors include: economic stability, interpersonal and intimate relationships, and perceived social support. Geographic location and race/ethnicity play significant roles in how economic status, marital status, and social support affect psychological health. Healthy psychological well-being is reflective of an above poverty financial standing, the presence of intimate relationships, and the perception of social support (**Woo.H, 2009**).

In contrast, unhealthy, low psychological well-being reflects below poverty economic status, few or no intimate relationships, and little or no perceived social

support. Research supports these impacts of economic, emotional and intimate support, and social support on psychological well-being and raises questions for additional research: What makes these dimensions of life functioning influential? More importantly, what happens when any of these dimensions are diminished or absent? This study focuses on the impact of intimate and social support on psychological well-being measured by depression scores of impoverished, rural mothers (**Dush. CMK, 2008**).

Couples often seek couples or marriage counseling when relationship problems begin to interfere with daily functioning or when partners are unsure about continuing the relationship. Couples often approach counseling with the expectation that a therapist can help in some way—though they may not know just how they expect the therapist to help. Some couples may want to develop better communication skills, enhance intimacy, or learn to navigate new terrain in their lives. Others may expect the therapist to mediate their arguments, or take sides and declare which partner is right (**Mccabe.M.P ,2006**).

Several therapy approaches have been designed for couples in particular, such as Imago Relationship Therapy, but any type of therapy can help with relationship issues. In fact, many people address their relationship problems through individual therapy, and then they apply that learning in context with their partners. In addition, family therapy can benefit families whose children Relationship counselors are unlikely to take sides or recommend that a couple end their relationship (**Ocobock.A. 2013**).

Instead, they will allow the therapy process like Relationship counseling, couple's therapy, emotionally focused therapy, behavioral couples therapy to unfold naturally without a predetermined goal of “saving” the relationship. Trained therapists

help partners by supporting the goals set by the couple and helping each partner to communicate his or her needs, thoughts, and emotions more clearly and to listen to the other partner more carefully. n are affected by the tension in their parents' relationship.

Relationship enhancement program uses an educational approach to teach couples and families skills to better communicate feelings to each other and work together to develop coping strategies. This brief approach to treatment is designed to help couples, individually or in groups, both learn these practical skills and develop the ability to maintain them once therapy has concluded (**ICD-9.CM. R.C**).

Couples and families experiencing conflict or distress may find that relationship enhancement therapy can help them learn the skills to resolve current difficulties and become better equipped to handle similar concerns in the future or even potentially help prevent future difficulties from arising. Though primarily designed to address the needs of couples seeking relationship counseling, this approach has also been applied successfully in family therapy (**Theresa May, 2016**).

Relationship enhancement program may also be helpful to individuals who find it challenging to build and maintain a relationship, as therapy can provide a safe space for them to learn and practice new relating skills.

C.Dyer and W.F. Halford,(2014).Who done a study on prevention of relationship problems: Retrospect and Prospect. Whilst nearly all couple relationships start out happy, half of all marriages end in divorce. Relationship education is a potentially effective strategy to reduce the prevalence of relationship problems and divorce. The substantial empirical research on the determinants of relationship satisfaction shows that there are key relationship skills, such as communication and conflict management skills, which impact on the course of relationship satisfaction

and stability. Relationship education can teach couples these key relationship skills, and this may prevent relationship problems. However, relationship education is not targeted at those couples who need it most. Research needs to be focused on the effects of relationship education for couples at high risk for relationship problems. The reach of education programs to couples can be enhanced by developing flexible delivery education programs. Relationship education programs also need to promote coping with stressful events that often lead to relationship problems, such as the transition into step-families, the onset of chronic illness, and unemployment.

From the above data's, the researcher found that the marital discord among women have problems in their psychosocial well being such as sleep pattern problems, stress, depression, anxiety and low self esteem, etc.

The investigator felt that the above problems need to be shapen to reduce the burden of individual, family and society, through Relationship Enhancement Program.

Statement of the Problem

A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial well being among Women with Marital discord at Selected community area, Salem.

Objectives

1. To assess the level of psychosocial well being among women with marital discord in experimental and control group.
2. To determine the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord in experimental group.

3. To find out the association between the level of psychosocial well being among women with marital discord and their selected demographic variables.

Operational definitions:

Effectiveness:

It is the outcome of relationship enhancement program on psychosocial wellbeing among women with marital discord by measuring and analyzing the pretest and post test scores by inferential statistical method.

Relationship Enhancement program:

Relationship enhancement program refers to scientifically based and empirically tested method of teaching relationship education which includes meditation, problem solving technique (brain storming- agree and compromise exploring core beliefs and trail solution), music therapy and laughter therapy. It was implemented for 21 consecutive days with duration of 1 hour per day.

Psychosocial well being:

In this study psychosocial well being refers to close connection between psychological aspects of experience (happiness, emotion, fear, stress, depression, etc) and wider social experience (social activities, interpersonal relationships, etc) among women with marital discord.

Women:

It refers to the women with marital discord.

Marital discord:

It refers to the disharmony between husband and wife which leads to disturbed marital and family relationship.

Assumptions

1. Women who are having marital discord may experience decreased level of psychosocial well being.
2. Level of psychosocial wellbeing among women with marital discord may vary from woman to woman.

Hypotheses

- H₁:** There is a significant difference in level of psychosocial well being among women with marital discord in experimental group before and after relationship enhancement program at $P \leq 0.05$ level.
- H₂:** There is a significant difference between the post-test scores of psychosocial well being among women with marital discord in experimental and control group at $P \leq 0.05$ level.
- H₃:** There is a significant association between the post test level of psychosocial well being of women with marital discord and their selected demographic variables in experimental and control group at $P \leq 0.05$ level.

Delimitations

The study was delimited to:

1. Women those who are having marital discord.
2. Data collection period of 4 weeks.
3. Karipatti and Poolavari community area only.

Projected Outcome

1. The study would help to identify the level of psychosocial well being among women with marital discord.
2. The study would evaluate the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord.

3. The findings of the study would help the health professionals to gain knowledge and practice relationship enhancement program.

Conceptual Framework:

This study tried to assess the outcome of level of psychosocial well being among women with marital discord. The conceptual framework for this study was formulated based on **J.W.Kenny's Open System Model, (1990)**.

According to **J.W.Kenny**, all living system are open and they are in continuous changes of matter, energy and information which result in various degree of interaction with the environment from which the system receives input and gives back output in the form of matter, energy and information, system model consists of 3 phases input, throughput and output. These 3 phases also known as classical element of the system.

Input:

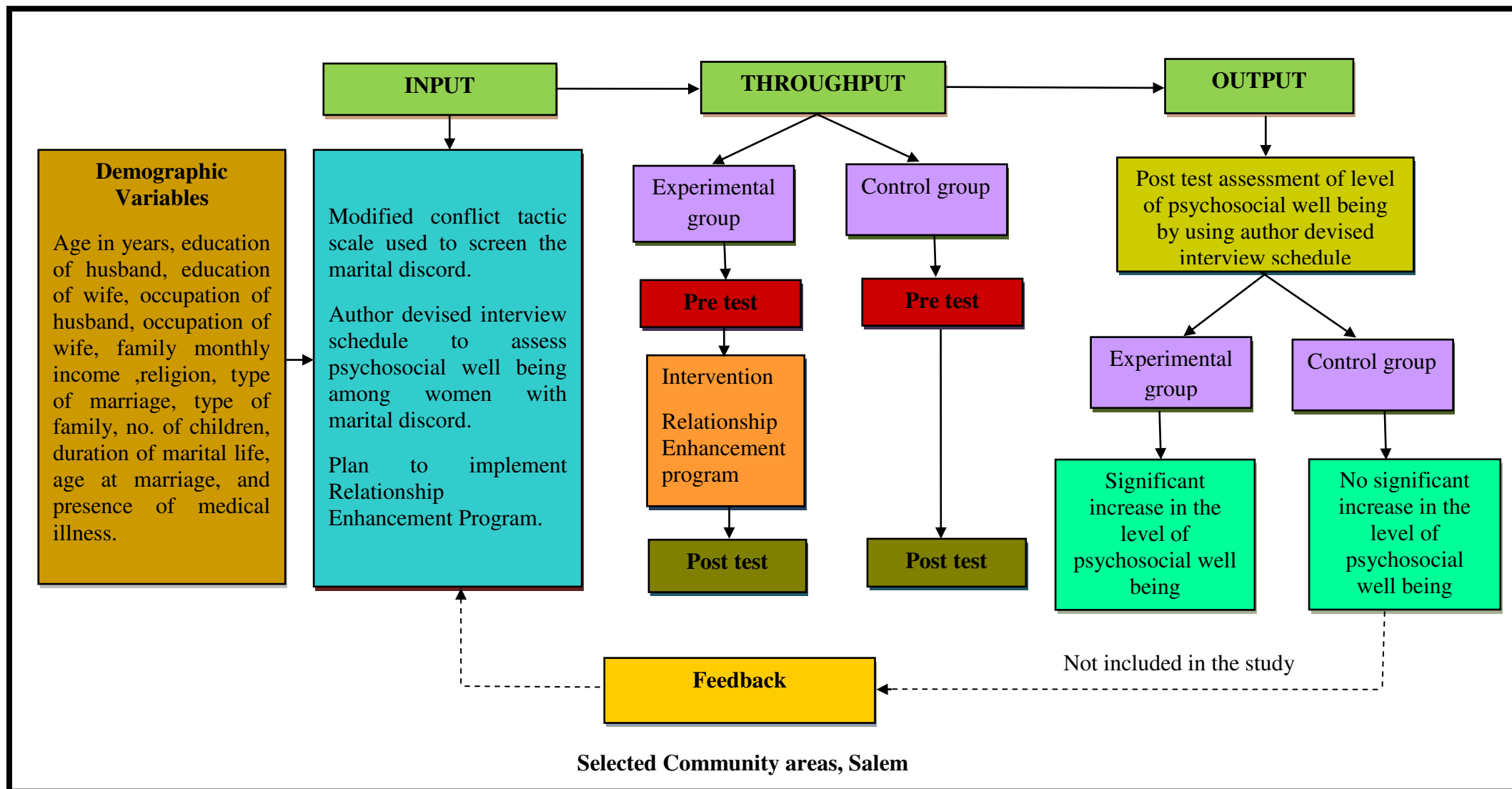
It is the first phase in open system. Input can be a matter, energy of information from the environment. In this study the input are ,screening of their level of marital discord by using modified conflict tactic scale, and assessment of their psychosocial well being by using structured interview schedule for the assessment of level of psychosocial well being and plan for relationship enhancement program.

Throughput:

According to theorist, energy and information are continuously preceded through the system. Process is the use of input that is use of energy and information for the maintenance of homeostasis of the system. This is the activity phase which allows the input to be changed. In the present study, process includes practicing of relationship enhancement program for 1 hour per day for 21 consecutive days.

Output:

Changes which happened during the process is observable and measurable as output, which should be different from that which is entered into the system as input. It may be satisfactory or unsatisfactory. In this study the output is difference in level of psychosocial well being.



CONCEPTUAL FRAMEWORK BASED ON J.W. KENNEY'S OPEN SYSTEM MODEL, (1990) SHOWING EFFECTIVENESS OF RELATIONSHIP ENHANCEMENT PROGRAM.

Summary

This chapter dealt with introduction, need for the study, and statement of the problem, objectives, operational definitions, assumptions, delimitations, projected outcome and conceptual framework.

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is an essential step in the development of a research project. It helps the researcher to design the proposed study in a scientific manner so as to achieve the desired result. It helps to determine the gaps, consistencies and inconsistencies in the available literature about particular subject under the study. Review of literature for the present study is classified under the following headings

1. Literature related to Marital discord
2. Literature related to Psychosocial well being
3. Literature related to effectiveness of Relationship Enhancement Program

Literature related to marital discord:

Rikuya Hosokawa, (2017), conducted a study on Marital relationship, parenting practices, and social skills development in preschool children in Japan .This study examined the pathways by which destructive and constructive marital conflict leading to social skills development. The present study is part of a regional investigation of the effects of child-rearing environment on children's social development in preschool children, are mediated through negative and positive parenting practices. Mothers of 2931 Japanese children, aged 5–6 years, completed self-report questionnaires regarding their marital relationship (the Quality of co-parental communication scale) and parental practices (the Alabama parenting questionnaire). The children's teachers evaluated their social skills using the Social skills scale. Path analyses revealed significant direct paths from destructive marital conflict to negative parenting practices and lower scores on the self-control component of social skills. In addition, negative parenting practices mediated the relationship between destructive marital conflict and lower scores on cooperation,

self-control, and assertion. Our analyses also revealed significant direct paths from constructive marital conflict to positive parenting practices, and higher scores on cooperation and assertion. Positive parenting practices mediated the relationship between constructive marital conflict and higher scores on self-control and assertion. Children attending kindergartens totaled 1315; 1616 children attended nursery schools. These findings suggest that destructive and constructive marital conflict may directly and indirectly influence children's social skills development through the mediation of parenting practices.

Sajjad Basharpour.,(2015) done a study on immense importance of marital relationships in the quality of life, this research was conducted in order to investigate the relationships between marital adjustment and family functions with quality of life in women. The design of the current study was co relational. Seven hundred and thirty women were selected randomly among all women living in the province of Western Azerbaijan (Iran) and participated in this study. The sample responded to the Family Assessment Device, Dyadic Adjustment scale and Quality of Life questionnaire, individually in their homes. Collected data were analyzed by Pearson's correlation and multiple regression tests. The results showed that all dimensions of family functions and dyadic adjustment were positively correlated with quality of life in women. Results of multiple regression also revealed that 33 percent of total quality of life can be explained by family functions and 24 percent of this variable can be explained by dyadic adjustment. Our study demonstrated that women's quality of life was affected by family functions and marital adjustment in family.

Mahshid Alsadat Keyhandoost, Ebrahim Namani., (2015), conducted A Psychological Study on the Effectiveness of Marriage Enrichment Training through PAIRS Method in Marital Conflicts in Neyshabour Islamic Azad University, Iran.

This study aims to investigate the effectiveness of marriage enrichment training through PAIRS method in marital conflicts of married female students. It is a pretest-posttest quasi-experimental study with a nonequivalent control group. The statistical population comprised all married female students in Neyshabour Islamic Azad University, who participated in this study in the autumn of 2015. The sample was selected through purposive and available sampling method. From among the married couples, 30 married female students were chosen purposefully and were randomly assigned into two experimental (15 subjects) and control (15 subjects) groups. The data were collected through Marital Conflict Questionnaire. The data were analyzed using the analysis of covariance test. The findings demonstrated that marriage enrichment training through the PAIRS method is effective in improving marital conflicts ($P < 0.05$). The subjects of the experimental group have had 50% to 93% reduction in marital conflicts compared to the control group. Based on the research findings, it can be concluded that marriage enrichment training through the PAIRS method can reduce marital conflicts in married female students.

Chelsi Klentz Davis, Ph.D., (2015) had done a study on relationship satisfaction, communication, conflict resolution and forgiveness. A longitudinal and co relational design. The samples were consisting of 49 couples. There were 21 couples in the control group and 28 couples in the treatment group. He used Couples Satisfaction Index (CSI), A marital communication inventory, Ineffective Arguing Inventory, Enright forgiveness Inventory and Duke University Religion Index (DURI) for this study. The result of the present study provide information regarding whether or not a relationship exists between level of relationship at pre assessment and changes in communication, conflict resolution and forgiveness over time for those who engaged in the intervention. A significant relationship between couple's

relationship satisfaction at the pre- assessment and changes in communication, conflict resolution and forgiveness over time was not found. The present study provides evidence that level of distress (i.e; relationship satisfaction) upon entering weekend to remember did not influence significant changes over time in communication, conflict resolution and forgiveness.

Melek kalkan., et al., (2008). Who conducted a study assess the Effects of a Premarital Relationship Enrichment Program on Relationship Satisfaction in Turkey. In this empirical study which has been conducted in order to see the effects of SYMBIS premarital relationship enrichment program on the relationship satisfaction of couples, “pre-test and post-test control group design” was used. The experimental and control groups were totally composed of 20 individuals. The scale was developed to measure relationship satisfaction. The results of the Mann-Whitney U test indicate that the difference between the scores of the participants of the experimental and control groups in post tests in terms of level of relationship satisfaction is significant ($Z=3.021$, $p<.01$). The results of the Wilcoxon Signed-Rank test indicate that the difference between the scores of the participants on the experimental group of the pre- and post-tests in terms of level of relationship satisfaction is significant ($Z= 2.812$, $p<.01$) and the control group of the pre- and post-tests in terms of level of level of relationship satisfaction is significant ($Z= -.632$, $p>.05$) According to these findings, the premarital relationship enrichment program enhances relationship satisfaction level of couples significantly. This result supports the hypothesis of the study.

Ayman M Hamdan- Mansour, et al, (2008). Who conducted a study on Marital Abuse and Psychological Well Being Among Women in the Southern Region of Jordan. A descriptive co relational design was used to collect data from a randomly selected sample of 915 women in the southern region of Jordan. Data collected were

related to forms of marital abuse and six domains of psychological well-being. The analysis showed that women have moderate to high level of psychological well-being. The prevalence of ever being abused during the past 12 months ranged from 3.2% (n = 25) for being threatened with a knife to 45.1% (n = 348) for their husbands being unconcerned about them while they were sick. There were significant differences in marital abuse related to having ever had school education ($\chi^2(2) = 8.56$, $df = 2$, $p = .014$). All forms of marital abuse were highly correlated ($p < .01$). Self-acceptance and environmental mastery domains of psychological well-being had negative and significant correlation with all forms of marital abuse ($p < .01$). Health professionals in health care centers need to assess for marital abuse and its consequence on women's health. Interventions should emphasize promotion of psychological well-being and the factors that influence women empowerment.

Kista, Brockwood, (2007). Who had done a study on marital satisfaction among African American working couple and Nigerian male / African female working couples. The samples were consists of 19 homogenous and 19 intermarried couple. He used marital satisfaction inventory, demographic data sheet and follow up questionnaire which was filled up by participant. The inter married couple persistently expressed greater marital satisfaction than the African American couples.

Hina, (2006). Who had done a study on marital adjustment, stress and depression among working and non working married women. The samples were consisting of 150 married women out of which 75 working and 75 non working women. She used Urdu transilation of dynamic adjustment scale for this study. The result showed that working married women cannot contribute significantly for the well being of the family. They are attention diverted because working in two

situations. They cannot give proper attention to their married life and causes depression.

Literature related to psychosocial well being:

Laura K.Soulsby, Kate M.Bennett, (2015). Who conducted a study Marriage and Psychological Wellbeing, The Role of Social Support. The study sample included a total of 510 British adults, with 375 women and 135 men completing the questionnaire from a range of ages, marital statuses and social backgrounds. By using a cross-sectional questionnaire design, this research examines to what extent this relationship between marital status and psychological wellbeing can be explained by perceived social support. Psychological wellbeing was measured by using General Health Questionnaire (GHQ), Center for Epidemiologic Studies Depression scale (CESD), and Satisfaction with Life Scale (SWLS). Social support was measured by the Medical Outcomes Study Social Support Survey (MOS-SSS). The bootstrap results indicated that the total effect of being widowed on psychological wellbeing, as measured by GHQ12 score (total effect= 4.72, $p=.001$) was reduced when perceived social support was included as a mediator in the model (direct effect= 2.80, $p=.010$). The total effect of being divorced on psychological wellbeing, as measured by GHQ12 score (total effect = 1.88, $p=.048$) became non-significant when perceived social support was included as a mediator in the model (direct effect= .50, $p=.629$), with a significant indirect effect (point estimate= 1.38, LCI= .73 UCI=2.16). The bootstrap results indicated that the total effect of being never married on psychological wellbeing, as measured by GHQ12 score (total effect= 1.20, $p=.191$) was reduced when perceived social support was included as a mediator in the model (direct effect=.21, $p=.788$), with a significant indirect effect (point estimate=.82,

LCI=36 UCI=1.50). This study makes a valuable contribution to the understanding of the relationship between marriage and psychological health. Both perceived social support and marital status were independently associated with psychological wellbeing.

Srimathi, N. L, and Kiran Kumar, S. K, (2010). Who conducted a study on Psychological Well being of Employed Women across Different Organizations in Mysore. A total of 325 women working in different organizations – industries, hospitals, banks, educational institutions and in call centers/BPOs were randomly selected. They were administered Carol Ryff's Medium Form of Psychological Well Being Scale. The correlation coefficients ranged from 338 to 572 which are all found to be significant and total psychological well being scores, One-Way ANOVA indicates significant differences between employed women in different professions ($F=19.366; P=.000$). Further Scheffe's post hoc test revealed that the mean scores of women in teaching and women in call centers/BPOs significantly differed from mean scores of women working in industry and health organizations. Women teachers ($M=231.51$, $SD=39.26$) expressed significantly higher psychological well beings cores compared to women working in industry and health organizations ($M=193.73$ and 200.32 , $SD=24.56$, 28.36 respectively). However women working in banking sector had mean score of 217.48 and $SD=29.87$. Results revealed that women employees working in industries had least psychological well being in all the sub factors and total psychological well being scores, followed by women working in health organizations. Women employees working in banks had medium level of psychological well being scores. Women teachers had highest total Psychological Well Being scores and also in the entire sub factors of Psychological Well Being.

Amirhesam khajeh, Mohammad Goodarzi and Fatemeh soleimani., (2009). Who conducted a study on the relationship of psychological well-being with marital quality and the dimensions of the married students in Islamic Azad University of Najafabad, Iran. Study sample of 100 married students (50 females and 50 males) were available for sampling from the married students of Islamic Azad University in the academic year 2009-2010. Data collection was used by the marital quality scale (Fletcher et al, 2000) and psychological well-being scale (Reef, 1980). Mean variables of psychological well-being and quality of marital relationships were 301.22 and 98.22 and standard deviation, 15.39 and 33.19 respectively. Pearson correlation of psychological well-being with marital quality is 0.61. The significance level of the variables ($0.05 > P$) which suggests the relationship between variables is significant. Results indicated that marital quality may be to predict a percentage of married men and women's psychological well-being.

Gun Mette B Ros, (2009). Who done a study on Relationship dissatisfaction and other risk factors for future relationship dissolution in Norway. The first aim of this prospective study was to identify risk factors for relationship dissolution in 18,523 couples in Norway, with a particular focus on individual dissatisfaction with the relationship. The second aim was to assess interaction effects between relationship dissatisfaction and other predictors of relationship dissolution. The present study used questionnaire data from the population-based Mother and Child Cohort Study (MoBa) conducted at the Norwegian Institute of Public Health. Pregnant women and their partners enrolled in the Norwegian Mother and Child Cohort study completed questionnaires during the pregnancy that asked about relationship dissatisfaction, strain, demographics, and other risk factors. The main outcome variable was relationship dissolution in the 39-month period from gestational week 30–36 months

postpartum. Associations between the risk factors and relationship dissolution were estimated by logistic regression analysis. In 2009, 1.8 % of all Norwegian children were affected by the dissolution of their parents' relationship (Statistics Norway, 2011). In 3 years, corresponding to the observational period of the current study, 5.4 % of Norwegian children will experience dissolution. In our sample, the total number of couples who experienced relationship dissolutions within the 39-month time span was 807 (4.4 % of the sample). These figures indicate that the sample is close to representative regarding dissolution rate. The proportion of unemployment was 4.0 % for women and 2.9 % for men. 8.4 % of women and 11.0 % of men reported a low educational level (i.e. only up to 2 years of high school). Dissatisfaction with the relationship, in particular in women, and low male education are important predictors of relationship dissolution, although other factors are also related to dissolution.

Aazam Ghorbany,. Nader Emam-Gholipour Ahangar,Habi bollah

Naderi., (2008) done a study on investigating the Relationship of Women's sexual Frigidity with Their Marital Adjustment and Psychological Well-being. This research was a descriptive study and the statistical population included all of the women who referred to the health centers in Mahmudabad, Iran. From the population of study (250), 150 participants were selected by non-probabilistic sampling method and filled Eshgee and Barami's questionnaire of sexual frigidity, Spanir's Marital Adaptability Questionnaire (1976) and Reef's Psychological Well-being questionnaire (1989). The results showed that there is a negative significant correlation between the sexual frigidity in women with marital adjustment ($P < 0.03$) and psychological well-being ($P < 0.001$). Also there was a negative significant correlation between emotional

frigidity and marital adjustment ($P < 0.05$) and physical frigidity and marital adjustment ($P < 0.006$), but there wasn't significant correlation between marital adaption with cognitive frigidity ($P > 0.95$) and behavioral frigidity ($P > 0.34$). As such there was a negative significant correlation between psychological well-being and emotional frigidity ($P < 0.001$), cognitive frigidity ($P < 0.001$) and behavioral frigidity ($P < 0.001$), but there wasn't a significant correlation between psychological well-being and physical frigidity ($P > 0.52$). On the other hand, psychological well-being and marital adjustment have been able to predict sexual frigidity ($R^2 = 0.478$).

Literature related to effectiveness of relationship enhancement program:

Angel pierce, (2016) done a study on perceived impact of prevention and relationship enhancement program on marital satisfaction in Walden University. This qualitative phenomenological study was used to better understand the individuals' experiences through interviews with 10 married individuals who were selected using criterion sampling. Data analysis included reading transcripts, coding, labeling, and interpreting the experiences. The results of this study revealed that communication and conflict resolution had an impact on marital satisfaction and extended support and supplemental programs influenced the experiences of the participants. The implications for positive social change relate to improved communication between married couples that may result in lasting improvements in their marriages. Others can learn from these experiences to create further positive change. Counselors could provide support outside of class and provide a supplemental program in order to improve he experience, possibly increase marital satisfaction, and decrease the likelihood of divorce

Kara Bergquist Bath, (2010) done a study on couples' experience of the Preventive Relationship Enhancement Program (PREP). A qualitative method was intended to provide a rich view in the couple's experiences. This study explores the experience of couples, married five or more years, of the Preventative and Relationship Enhancement Program (PREP). This study examined specific skills the couples' gleaned from the workshop, as well as, the relational impact that PREP had on the couples' marriage. Six couples were surveyed, ranging in age from mid-forties to mid-fifties and ranging in years married from 8.5 to 29 years. The overall findings from the present study suggest that couples married five or more years also reported that they found it beneficial to learn fundamental communication and relationship skills, and are motivated to continue to use these basic relationship skills after attending PREP.

Kieran T. Sullivan, (2015) conducted a study on Relationship Education and Marital Satisfaction in Newlywed Couples: A Propensity Score Analysis at Santa Clara University. Participants were a subset (N= 191) of 198 heterosexual couples from a two-year study on the transition to marriage. Prior to marriage, 73 (38.22%) of the couples participated in RE, 121 (63.35%) of the couples cohabited, and relationships averaged 4.12 years (SD= 2.86) Couples were recruited through advertisements in newspapers, on wedding-related electronic bulletin boards, community and campus notice boards, and in businesses that provide wedding-related services, television and print media coverage and announcements mailed to local religious. The Quality of Marriage Inventory is a 6-item measure of global marital satisfaction. The Revised Conflict Tactics Scale assessed perceptions of partner psychological aggression. Post-hoc analyses of simple slopes revealed that wives who

did not receive RE had essentially zero slopes ($t(156) = -1.35, p = .178$) and wives who received RE had declines in satisfaction over time ($t(156) = -4.45, p < .001$). A possible explanation is that the quality of Relationship education available to couples is generally poor and could be greatly improved by inclusion of empirically based relationship information and skills training that are known to lead to stronger marriages.

RD Rogge, et al., (2013). Who conducted a study on Skills Training Necessary for the Primary Prevention of Marital Distress and Dissolution. A 3-Year Experimental Study of Three Interventions Los Angeles. Engaged and newlywed couples ($N = 174$) were randomly assigned to a 4-session, 15-hr small-group intervention designed to teach them skills in managing conflict and problem resolution (PREP) or skills in acceptance, support, and empathy (CARE). These couples were compared to each other, to couples receiving a 1-session relationship awareness (RA) intervention with no skill training, and to couples receiving no treatment on 3-year rates of dissolution and 3-year trajectories of self-reported relationship functioning. Couples in the no-treatment condition dissolved their relationships at a higher rate (24%) than couples completing PREP, CARE, and RA, who did not differ on rates of dissolution (11%). PREP and CARE yielded unintended effects on 3-year changes in reported relationship behaviors. These findings highlight the potential value of cost-effective interventions such as RA, cast doubt on the unique benefits of skill-based interventions for primary prevention of relationship dysfunction, and raise the possibility that skill-based interventions may inadvertently sensitize couples to skill deficits in their relationships.

Tugba yilmaz, (2010). Who conducted study on the effects of a premarital relationship enrichment program on relationship satisfaction at Turkey. In this

empirical study which has been conducted in order to see the effects of SYMBIS premarital relationship enrichment program on the relationship satisfaction of couples, “pre-test and post-test control group design” was used. The experimental and control groups were totally composed of 20 individuals. The Relationship Satisfaction Scale was administered to each applicant. The results of the Mann-Whitney U test indicate that the difference between the scores of the participants of the experimental and control groups in post tests in terms of level of relationship satisfaction is significant ($Z=3.021$, $p<.01$). It was found that this premarital relationship enrichment program had positive effects on relationship satisfaction. Premarital relationship development program can be included in the preventive studies in mental health organizations. By cooperating with local government, it can be provided that couples who apply for marriage benefit from “Marriage Preparation Education.”

Summary

This chapter dealt with the review of literature related to marital discord, psychosocial well being, and effectiveness of relationship enhancement program.

CHAPTER – III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing of the procedure for gathering valid and reliable data for the purpose of investigation. **(Polit and Hungler, 2003)**

This chapter deals with a brief description of different steps which was taken by the investigator for the study. It includes the research approach, research design, variables, settings, population, sample size, sampling techniques, tool validity, and reliability, description of tool, data collection procedure and plan for data analysis.

Research approach:

The research approach adopted for this study was Quantitative Approach.

Research design:

Research design refers to overall plan for obtaining answers to research questions and it spells out the strategies that the research adopts to develop information that is adequate, accurate, objective and interpretable. **(Polit D.F. Hungler, 2013)**

The research design chosen for this study was Quasi experimental (pre test post test with control group) design. The design is represented as;

$$\begin{array}{cccccc} \text{E} & = & \text{O}_1 & \text{X} & \text{O}_2 \\ \text{C} & = & \text{O}_1 & & \text{O}_2 \end{array}$$

E: Experimental group

C: Control group

O₁: Pre test

O₂: Post test

X: Intervention (Relationship Enhancement Program)

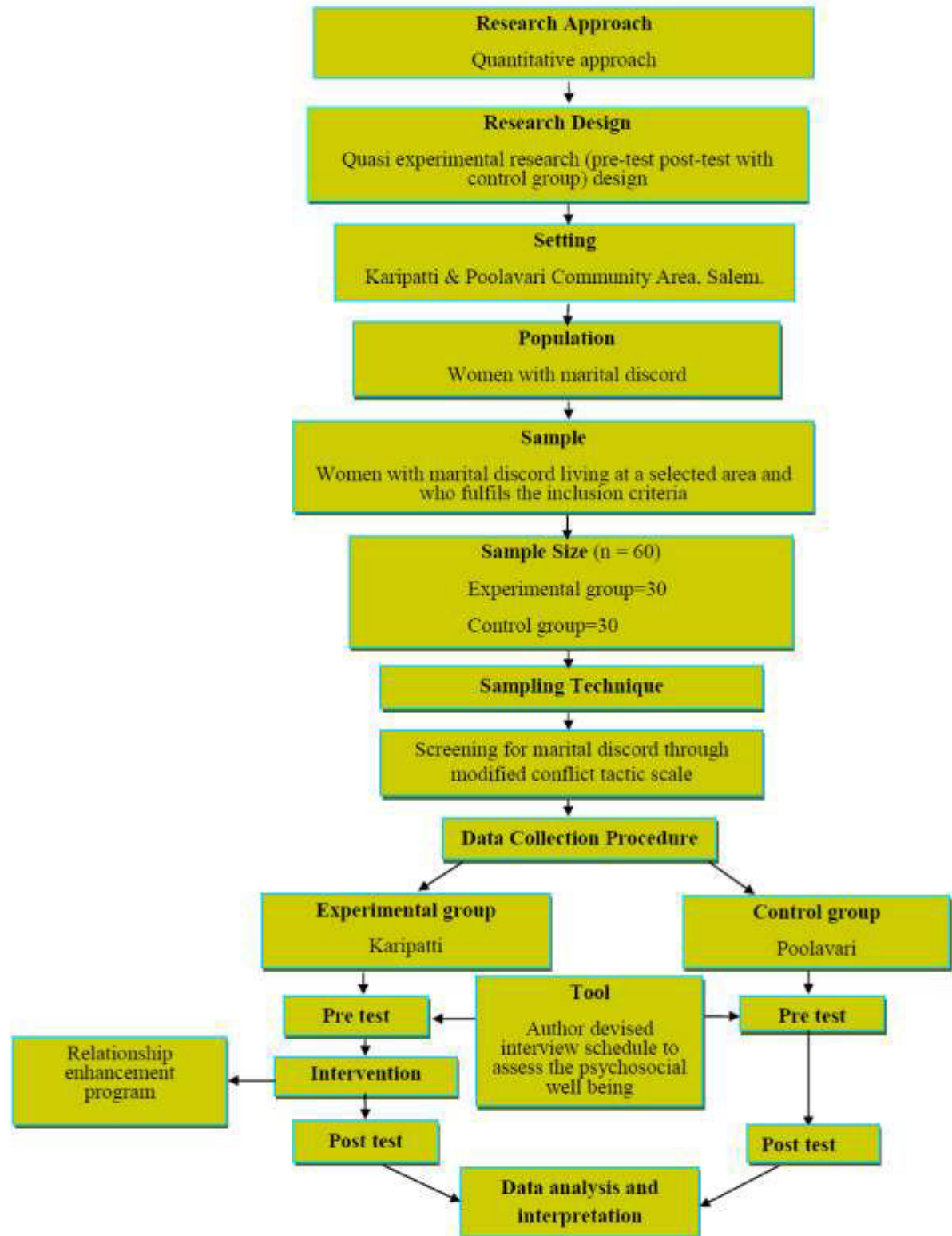


Fig-3.1: Schematic Representation of Research Methodology

Population:

Population is defined as the entire set of individuals or objects having some common characteristics. **(Polit D.F and Beck Tatano Cheryl, 2008)**

The study population comprises of women with marital discord at selected area, Salem.

Description of the setting:

Setting in the physical location and conditions in which data collection takes place in a study. **(Polit D.F and Beck Tatano Cheryl, 2008)**

The study was conducted in Karipatti and Poolavari community areas, Salem. Experimental group was selected from Karipatti which is situated at 25 Kms from Sri Gokulam College of Nursing and control group was selected from Poolavari which is situated at 3 Kms away from Sri Gokulam College of Nursing, Salem.

Sampling:**Sample:**

Sample is defined as the subset of population, selected to participate in a study. **(Polit D.F and Beck Tatano Cheryl, 2008)**

The sample comprised of women with marital discord living at a selected area and who fulfilled the inclusion criteria.

Sample Size:

The sample size of this study was 60,

Experimental group = 30

Control group = 30

Sampling Technique:

The sampling technique adopted for this study was Purposive sampling technique.

The investigator got permission from the special officers of the two community areas in Salem namely Karipatti and poolavari. Karipatti community area was selected for experimental group and poolavari community area was selected for control group.

Sixty samples in experimental and control group were selected based on the screening and sampling criteria. Screening was done by using modified conflict tactic scale.

Criteria for Sample Selection:**Inclusion Criteria:****Women,**

1. who are living with their husband.
2. who are married for more than a year.
3. who's score is above 30 in the modified conflict tactic scale.

Exclusion Criteria:**Women,**

1. who cannot understand Tamil.
2. who is unco-operative.
3. with acute physical and mental illness.
4. who are already exposed to relationship enhancement program.

Variables:**Independent variable:**

Relationship enhancement program

Dependent variable:

Psychosocial well being.

Description of the tool:

It consists of three sections.

Section-A: Demographic data

This section consists of demographic variables like age, education, education of husband, occupation, occupation of husband, family monthly income, religion, type of marriage, type of family, no. of children, duration of marital life, age at marriage, and presence of medical illness.

Section – B: Modified conflict tactic scale

Modified conflict tactic scale was designed to screen the women with marital discord, and it consists of 30 items.

Table 3.1: Scoring Procedure on level of marital discord.

S.No	Level of marital discord	Score
1	Mild	1 – 30
2	Moderate	31 – 60
3	Severe	61 – 90

Section-C: Author devised interview schedule to assess the level of psychosocial well being.

This is a rating scale comprised of 35 Items (both positive and negative statements) under 2 headings such as psychological, and social well being. The answers were based on 4 point likert scale (0 – 3). Negative statements were given reverse scoring.

Positive items were scored as,

Never	–	0
Occasionally	-	1
Often	-	2
Always	-	3

The minimum and maximum scores were 1 and 105 respectively.

Table -3.2: Scoring Procedure on level of psychosocial well being among women with marital discord.

S.No	Level of psychosocial well being	Score
1	Mild impairment	1 – 35
2	Moderate impairment	36 – 70
3	Severe impairment	71 – 105

Validity and Reliability of the Tool

Validity:

Validity of an instrument refers to degree to which an instrument measures what it is supposed to measure. (Sharma Suresh K, 2012)

The validity of the tool was obtained on the basis of opinion of 1 psychiatrist and 5 nursing experts in the field of psychiatric nursing. The tool was found adequate and minor suggestions given by the experts were incorporated.

Reliability:

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure. (Sharma Suresh K, 2012)

The reliability of the tool was checked and established by using inter-rater method and the obtained score was $r = 0.89$, which shows that the tool was reliable and it was considered for proceeding

Pilot study

After obtaining the formal permission from the President of the poolavari Community area, Salem the pilot study was conducted from 12.12.2016 to 17.12.2016 among six study subjects. Screening was done on 12.12.2016 with the help of modified conflict tactic scale and pre test was conducted with the help of author devised interview schedule. Then the Relationship Enhancement Program was given to the samples for 4 days. The post test was conducted on 17.12.2016 with the same tool.

The findings of the pilot study revealed that it was feasible to conduct the main study.

Method of Data Collection

Ethical consideration

Written permission was obtained from the special officer of Karipatti and Poolavari community areas, Salem to conduct the study.

Period of data collection:

The data was collected for a period of 4 weeks (06.03.2017-02.04.2017)

Data collection procedure

The study was conducted in Karipatti community area (Experimental group) and Poolavari community area (Control group), Salem. The samples were selected by purposive sampling technique. Pre test was conducted from 07.03.2017 to 08.03.2017 by using structured interview schedule.

Relationship enhancement program was implemented through meditation, problem solving technique (brain storming- agree and compromise, exploring core beliefs, trail solution), music therapy and laughter therapy.

Plan for Data Analysis

The data analysis will be using done both descriptive and inferential statistics.

- Demographic information will be calculated by using frequency and percentage.
- The effectiveness of relationship enhancement program will be calculated by using inferential statistics (t-test).

- Association between the level of psychosocial well being among women with marital discord and their selected demographic variables will be calculated by using inferential statistics (chi-square analysis).

Summary

This chapter dealt with the methodology of the study. It consists of research approach, research design, population, setting, sampling, variables, and description of the tool, validity and reliability, pilot study, method of data collection and plan for data analysis.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Analysis is the process of the organizing and synthesizing data in such a way that questions can be answered and hypothesis tested. **(Polit, D.F., Hungler, 2003)**

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of relationship enhancement program on psychosocial well being among women at selected community area, Salem.

The findings are presented under the following sections

Section-A:

Distribution of samples according to their selected demographic variables in experimental and control group.

Section-B:

Distribution of samples according to their pre-test level of psychosocial well being in experimental and control group.

Section-C:

- a) Distribution of samples according to their post test level of psychosocial well being in experimental and control group.
- b) Comparison of pretest and posttest level of psychosocial well being among women with marital discord in experimental and control group.
- c) Mean, standard deviation, and mean difference according to the pre test and post test level of psychosocial well being among women with marital discord in experimental and control group.

Section-D: Hypotheses testing

- a) Effectiveness of relationship enhancement program on psychosocial well being among women with marital discord in Experimental Group.
- b) Effectiveness of relationship enhancement program on psychosocial well being among women with marital discord in Experimental Group and control group.
- c) Association between the post test level of psychosocial well being among women with marital discord in experimental group and control group and their selected demographic variables.

SECTION- A

Distribution of samples according to their demographic variables in experimental and control group.

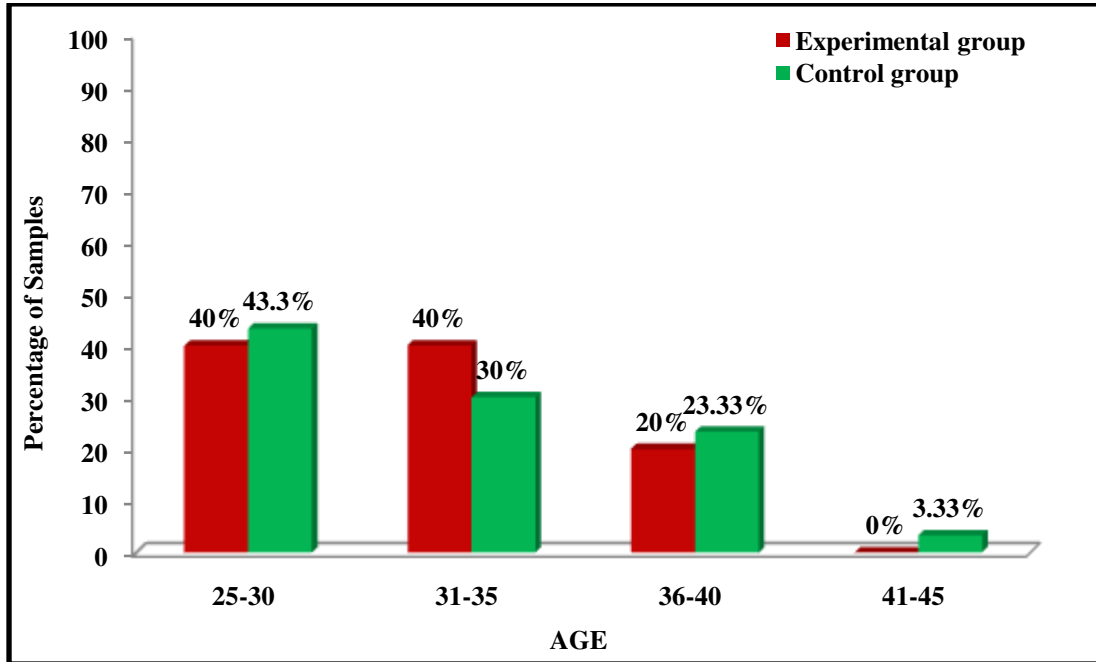


Fig-4.1: Percentage distribution of women with marital discord according to their age in experimental and control group.

The bar diagram shows that, in experimental group 12(40%) women with marital discord belong to 25-30 years of age, 12(40%) women with marital discord belong to 31 – 35 years of age and 6(20%) of them belong to 36-40 years of age.

In control group 13(43.3%) women with marital discord belong to 25-30 years of age, 9(30%) of them belong to 31-35 years of age, 7(23.33%) of them belong to 36-40 years of age and only 1(3.33%) woman with marital discord belong to 41-45 years of age.

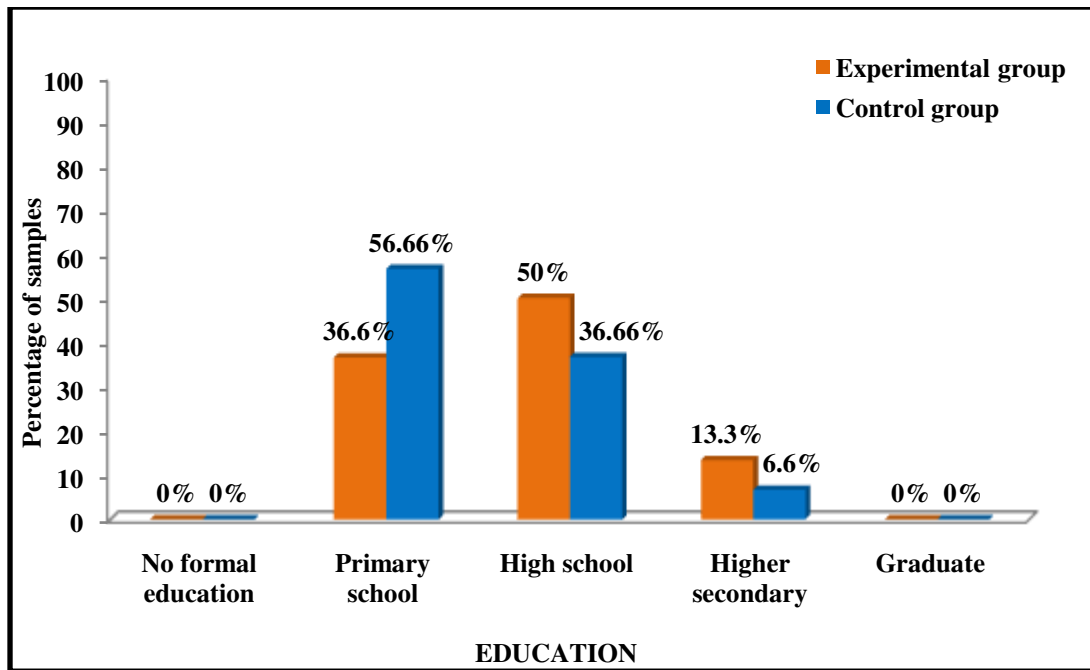


Fig-4.2: Percentage distribution of women with marital discord according to their education in experimental and control group.

The bar diagram shows that, 11(36.6%) women with marital discord have primary school education, half of the women with marital discord 15(50%) have high school education and 4(13.3%) women with marital discord have higher secondary education.

In control group more than half of the women with marital discord 17(56.66%) have primary school education, 11(36.66%) women have high school education and 2(6.6%) women with marital discord have higher secondary education.

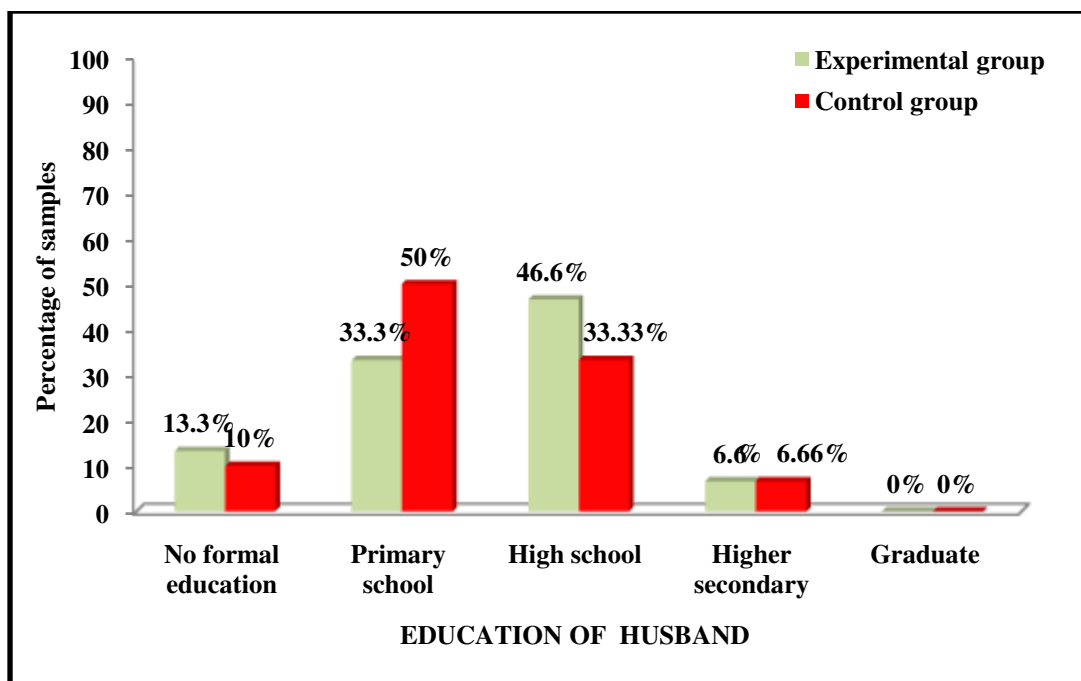


Fig-4.3: Percentage distribution of women with marital discord according to their education of husband in experimental and control group.

The bar diagram shows that, in experimental group 4(13.3%) of the women with marital discord husbands have no formal education, 10(33.3%) women with marital discord husbands have primary school education, 14(46.6%) women with marital discord husbands have high school education and 2(6.6%) women with marital discord husbands have higher secondary education.

In control group 3(10%) of the women with marital discord husbands have no formation education, half of the women with marital discord husbands 15(50%) have high school education, 10(33.33%) women with marital discord husbands have high school education, 2(6.66%) women with marital discord husbands have higher secondary education.

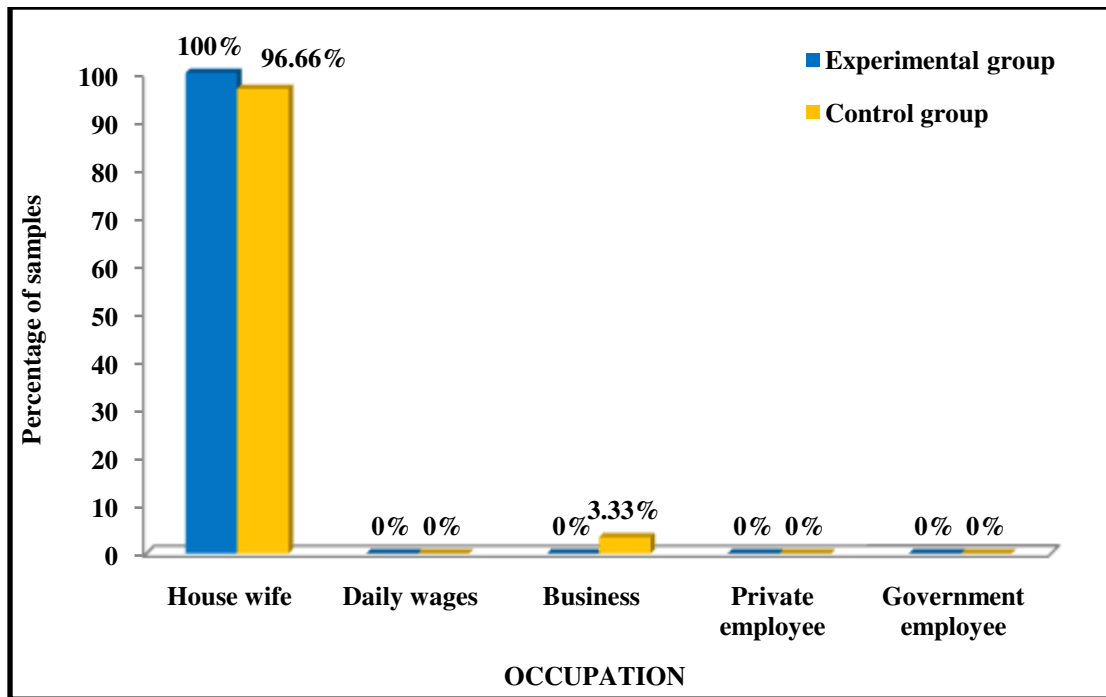


Fig-4.4: Percentage distribution of women with marital discord according to their occupation in experimental and control group.

The above bar diagram shows that, in experimental group all 30(100%) of the women with marital discord are house wives.

In control group 29(96.66%) of the women with marital discord are house wives and only 1(3.33%) woman with marital discord is doing business.

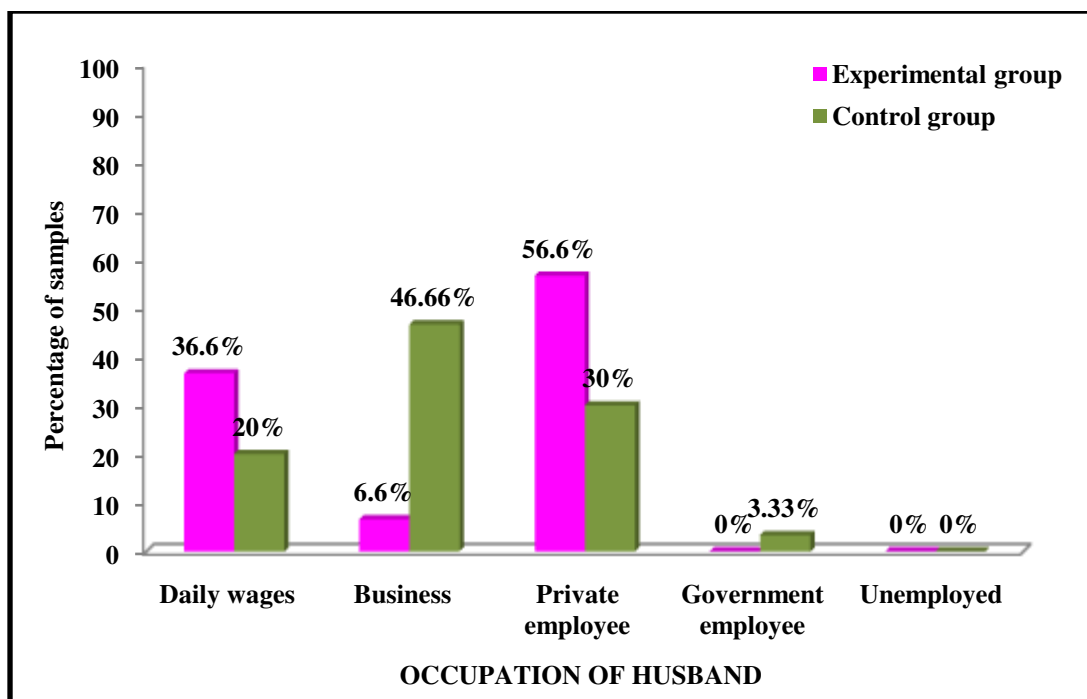


Fig-4.5: Percentage distribution of women with marital discord according to their occupation of husband in experimental and control group.

The above bar diagram shows that, in experimental group 11(36.6%) of the women with marital discord husbands are daily wages, 2(6.6%) of their husbands are doing business and 17(56.6%) women with marital discord husbands are private employee.

In control group 6(20%) women with marital discord husbands are daily wages, 14(46.66%) of their husbands are doing business, 9(30%) of the women with marital discord husbands are private employee and only 1(3.33%) of the woman with marital discord husband is a government employee.

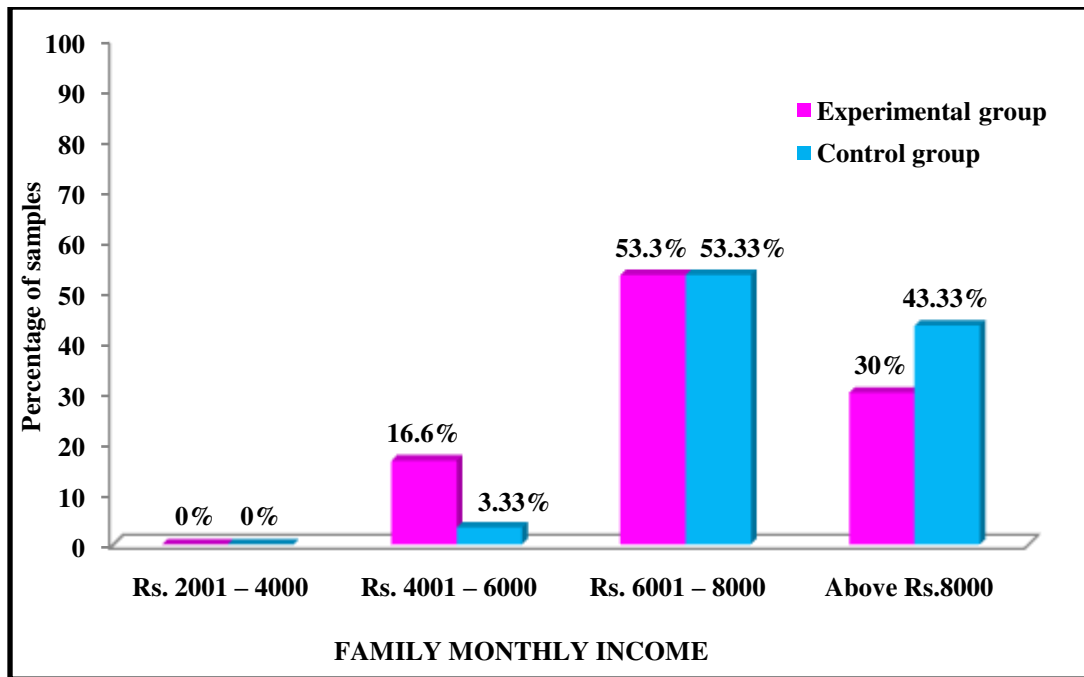


Fig-4.6: Percentage distribution of women with marital discord according to their family monthly income in experimental and control group.

The above bar diagram shows that, in experimental group 5(16.6%) of the women with marital discord are earning Rs.4001-6000, 16(53.3%) of the women with marital discord are earning Rs.6001 – 8000 and 9(30%) women with marital discord are earning above Rs.8001 income.

In control group only 1(3.33%) woman earning Rs.4001-6001 family monthly income, 16(53.33%) of the women with marital discord are earning Rs.6001-8000 income, 13(43.33%) of the women with marital discord are earning Rs.8000 family monthly income.

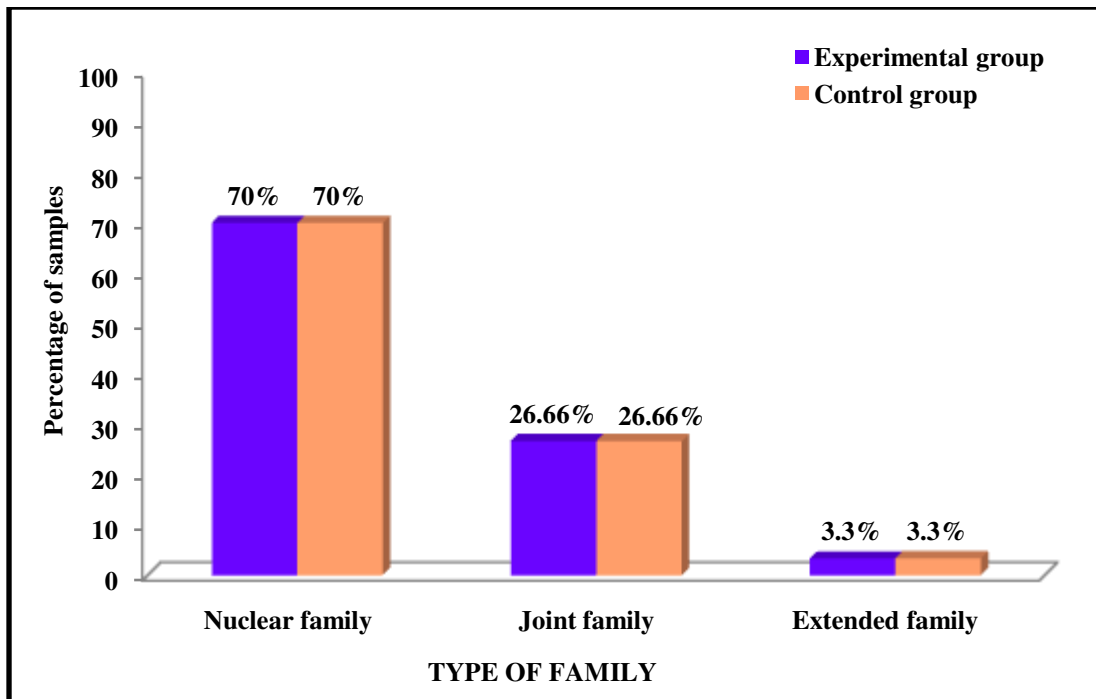


Fig-4.7: Percentage distribution of women with marital discord according to their type of family in experimental and control group.

The bar diagram shows that in both the experimental group and control group 21(70%) of the women with marital discord belong to nuclear family, 8(26.66%) of the women with marital discord belong to joint family and only 1(3.33%) woman with marital discord belong to extended family.

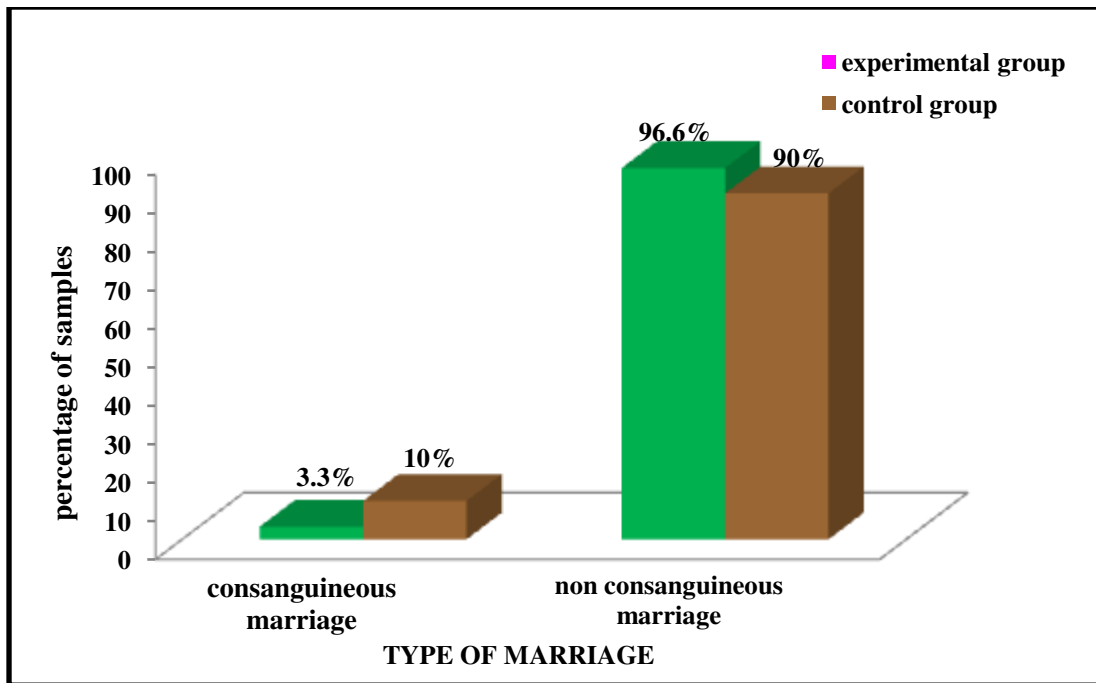


Fig-4.8: Percentage distribution of women with marital discord according to their type of marriage in experimental and control group.

The bar diagram shows that, in experimental group only 1(3.3%) woman with marital discord belong to consanguineous marriage and nearly all the women with marital discord 29(96.6%) belong to non-consanguineous marriage.

In control group majority 27(90%) of the women with marital discord belong to consanguineous marriage and 3(10%) of the women with marital discord belongs to non-consanguineous marriage.

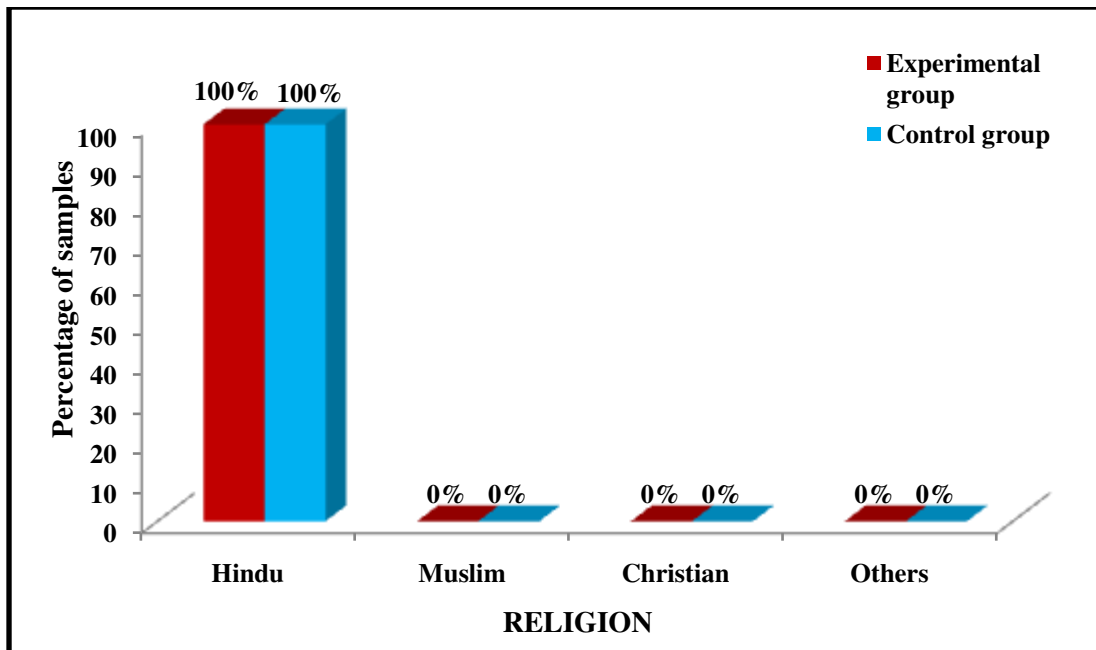


Fig-4.9: Percentage distribution of women with marital discord according to their religion in experimental and control group.

The bar diagram shows that, in both experimental group and control group all 30(100%) of the women with marital discord belong to Hindu religion.

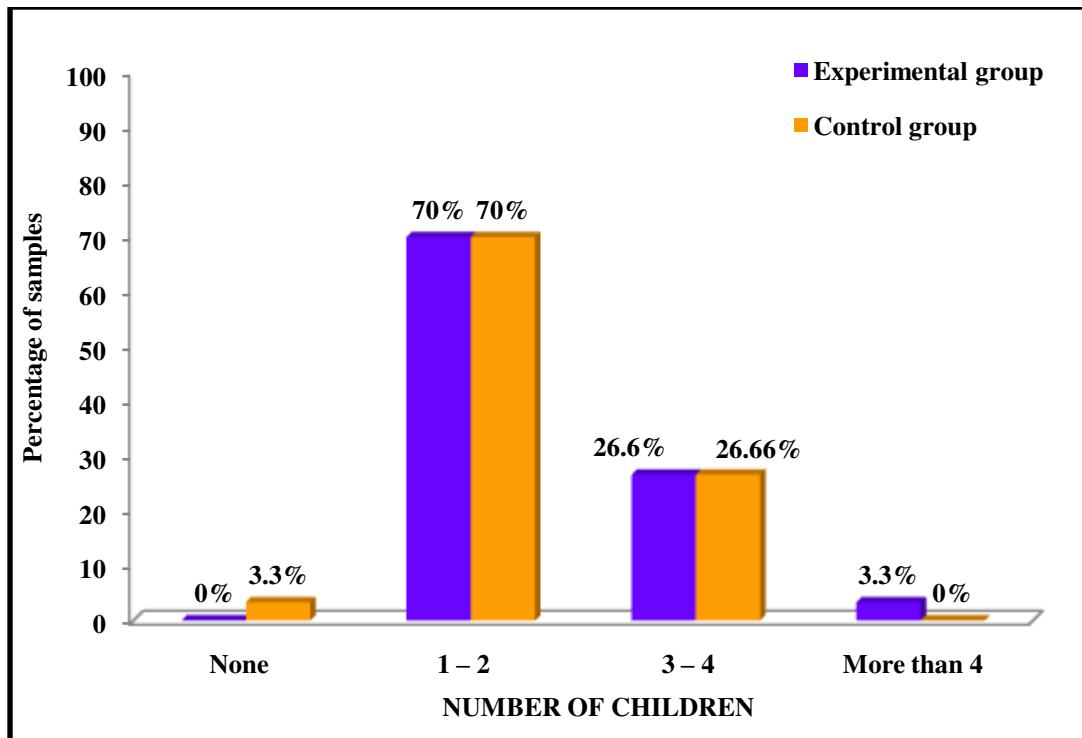


Fig-4.10: Percentage distribution of women with marital discord according to their number of children in experimental and control group.

The bar diagram shows that, in experimental group the majority of women with marital discord 21(70%) have 1-2 children, 8(26.66%) women with marital discord have 3-4 children and only 1(3.3%) woman with marital discord have more than 4 children.

In control group, majority 21(70%) women with marital discord have 1-2 children, 8(26.66%) women with marital discord have 3-4 children, and only 1(3.3%) woman with marital discord didn't have children.

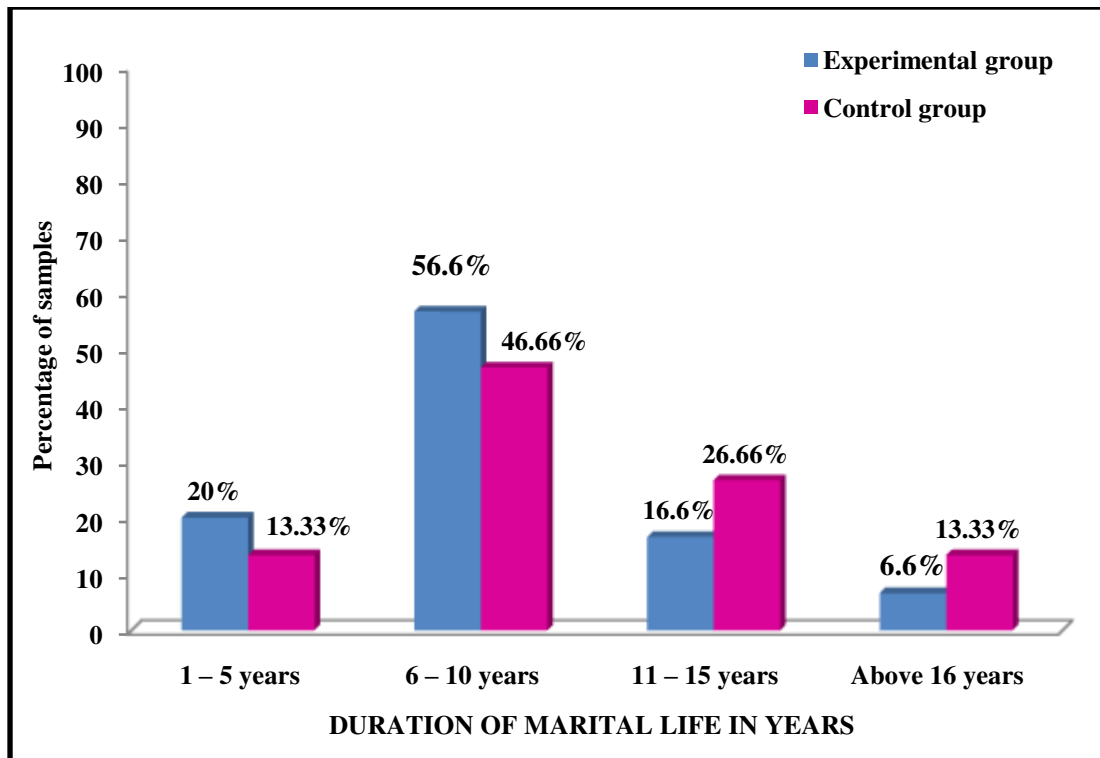


Fig-4.11: Percentage distribution of women with marital discord according to their duration of marital life in years in experimental and control group.

The bar diagram shows that, in experimental group 6(20%) women with marital discord have 1-5 years of marital years, 17(56.6%) women with marital discord have 6-10 years of marital years, 5(16.6%) women with marital discord have 11-15 years and 2(6.6%) women with marital discord have above 16 years.

In control group 4(13.33%) women with marital discord have 1 – 5 years, 14(46.66%) women with marital discord have 6-10 years, 8(26.66%) women with marital discord have 11-15 years, and 2(6.6%) women with marital discord have above 16 years.

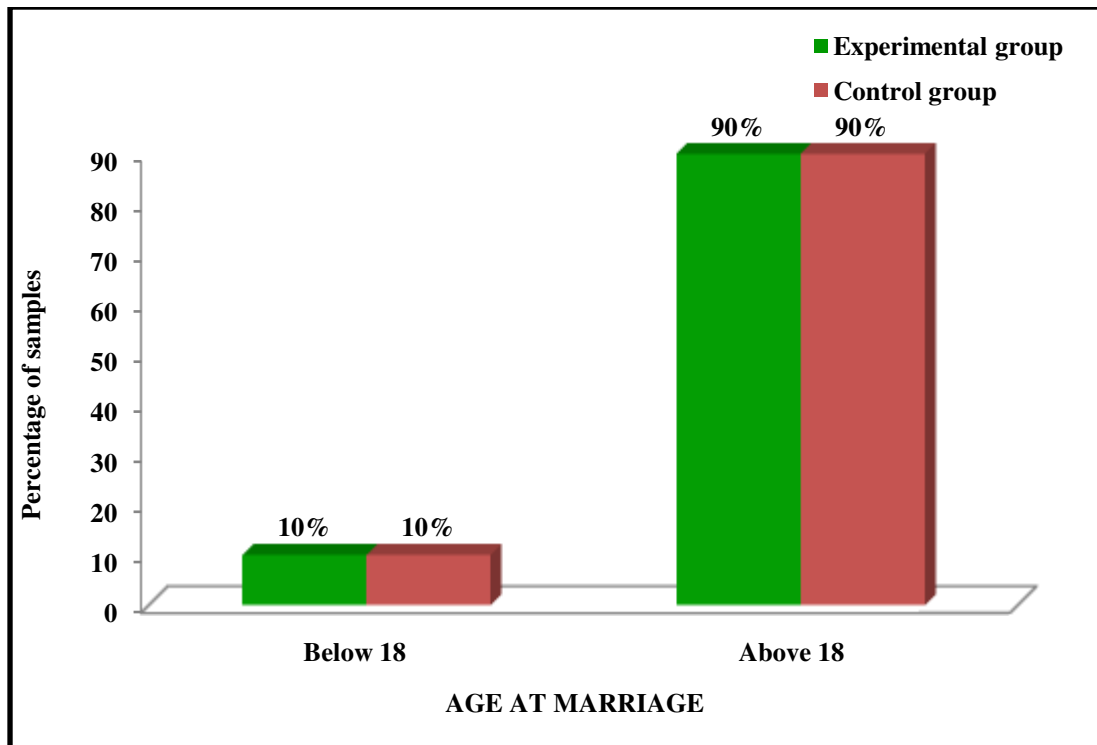


Fig-4.12: Percentage distribution of women with marital discord according to their age at marriage in experimental and control group.

The bar diagram shows that, in both experimental group and control group 3(10%) of the women with marital discord belong to below 18 years of age at marriage and 27(90%) of the women with marital discord belong to above 18 years of age at marriage.

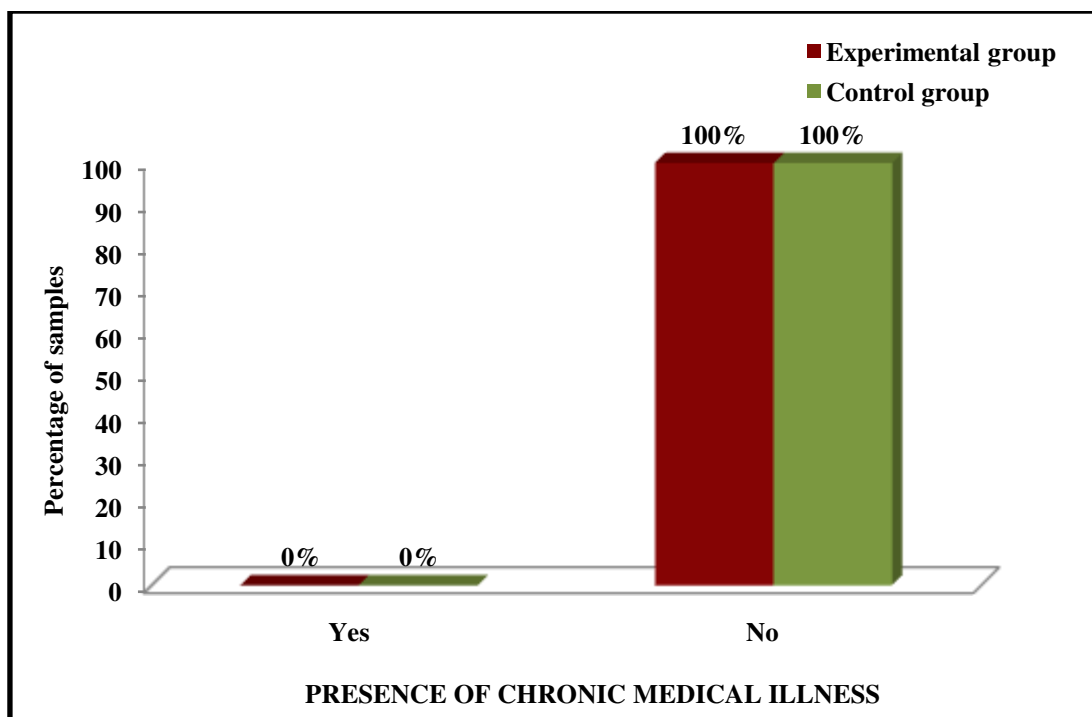


Fig-4.13: Percentage distribution of women with marital discord according to their presence of chronic medical illness in experimental and control group.

The bar diagram shows that, in both experimental group and control group all 30(100%) of the women with marital discord are not having any chronic medical illness.

SECTION-B

Distribution of samples according to the level of psychosocial well being in Experimental and control group

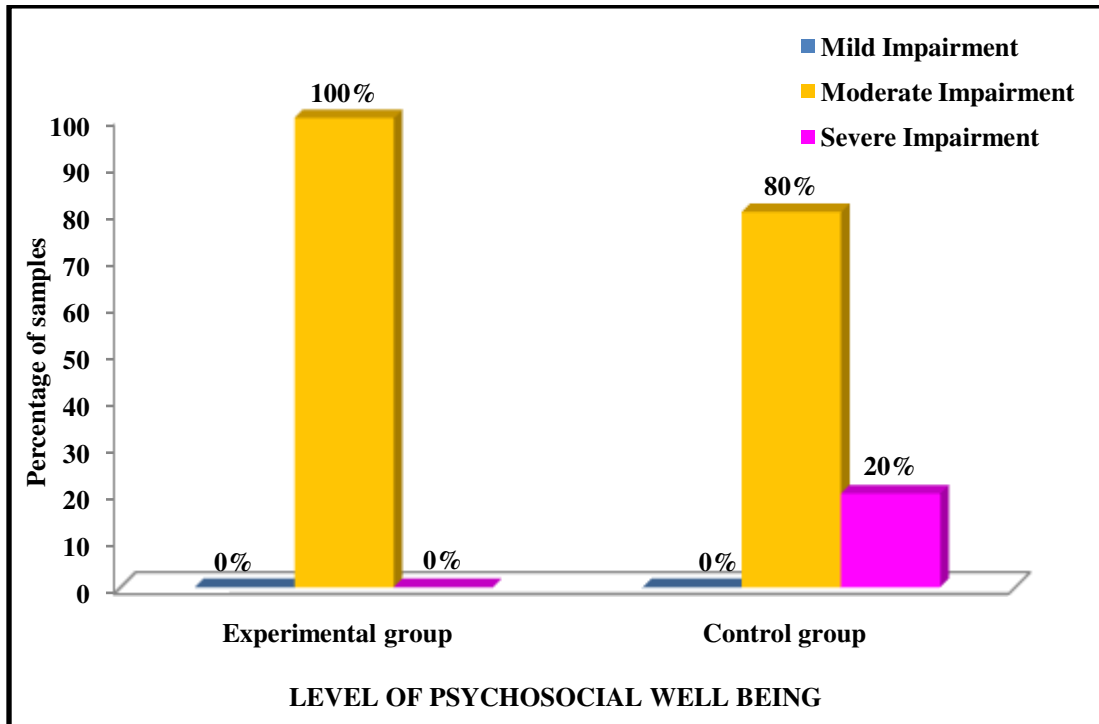


Fig 4.14 Distribution of women with marital discord according to the pre test level of psychosocial well being in Experimental and control group

The above figure shows during pre test, in experimental group, all the 30(100%) women with marital discord have moderate impairment in psychosocial well being. In control group 28(80%) women with marital discord have moderate impairment in psychosocial well being and 2(20%) women with marital discord have severe impairment in psychosocial well being.

SECTION-C

- a) Distribution of samples according to their post test level of psychosocial well being in experimental and control group.

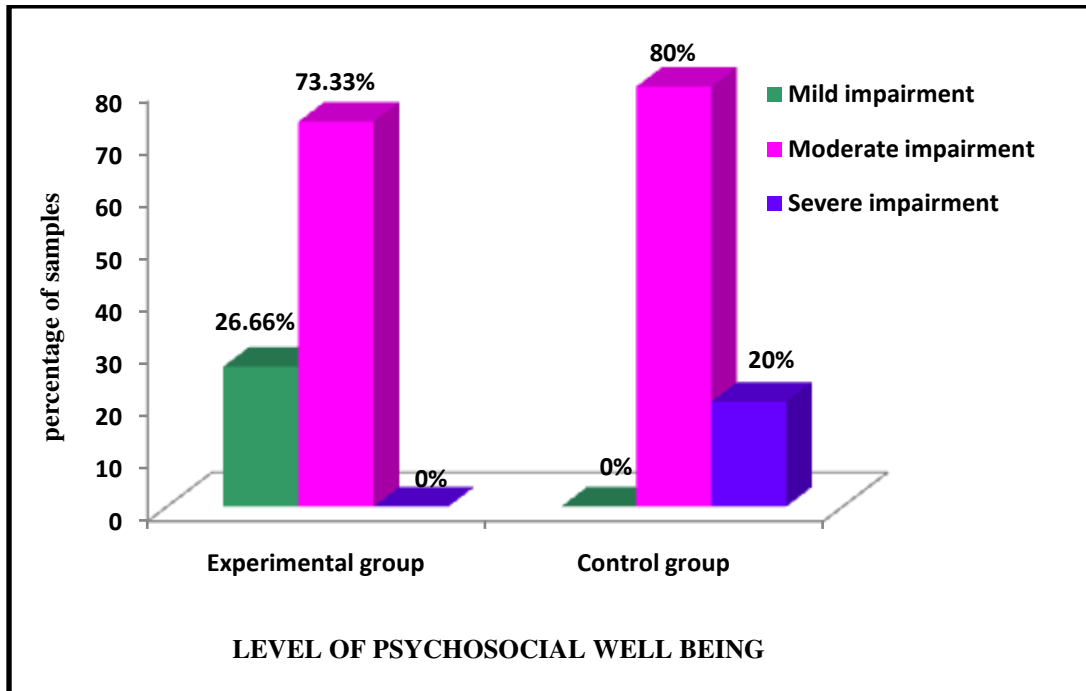


Fig 4.15 Distribution of women with marital discord according to the posttest level of psychosocial well being in Experimental and control group

The above figure shows during post test, in experimental group, 8(26.7%) women with marital discord have mild impairment in psychosocial well being and 22 (73.33%) women with marital discord have moderate impairment in psychosocial well being. In control group 28(80%) women with marital discord have moderate impairment in psychosocial well being and 2(20%) women with marital discord have severe impairment in psychosocial well being.

b) Comparison of pretest and posttest level of psychosocial well being among women with marital discord in experimental and control group.

Table 4.1: Percentage distribution of women with marital discord according to their level of psychosocial well being.

n=60

Level of psychosocial well being	Pre test				Post test			
	Experimental group n = 30		Control group n=30		Experimental group n=30		Control group n=30	
	f	%	f	%	f	%	f	%
Mild impairment	0	0	0	0	8	26.66	0	0
Moderate impairment	30	100	28	80	22	73.33	28	80
Severe impairment	0	0	2	20	0	0	2	20

During pre-test, in experimental group all 30(100%) women with marital discord have moderate impairment in psychosocial wellbeing. In control group, 28(80%) women with marital discord have moderate impairment of psychosocial well being and 2(20%) women with marital discord have severe impairment psychosocial wellbeing.

During post-test, in experimental group 8(26.66%) women with marital discord have mild impairment of psychosocial wellbeing, 22(73.33%) women with marital discord have moderate impairment of psychosocial wellbeing. In control group 28(80%) women with marital discord have moderate impairment of psychosocial wellbeing, 2(20%) women with marital discord have severe impairment of psychosocial wellbeing.

c) Mean, SD, Mean percentage and difference in mean percentage of pre test and post test in experimental and control group regarding the level of psychosocial well being among women with marital discord.

Table 4.2: Mean, SD, Mean percentage and difference in mean percentage of pre test and post test in experimental and control group regarding the level of psychosocial well being among women with marital discord.

n=60

Group	Pre-test			Post test			Difference in Mean Percentage
	Mean	SD	Mean %	Mean	SD	Mean %	
Experimental group	53.06	5.87	50.53	38.03	6.38	36.21	14.32
Control group	48.66	8.74	46.34	50.5	8.53	48.09	-1.75

The above table shows that in experimental group the pre test mean score is 53.06 ± 5.87 , whereas in the post test mean score is 38.03 ± 6.38 with a difference in percentage 14.32.

In control group during the pre test mean score is 48.66 ± 8.74 , whereas in the post test mean score is 50.5 ± 8.53 with a difference in mean percentage -1.75.

SECTION – D

Hypothesis Testing

a) Effectiveness of Relationship Enhancement Program on psychosocial well being among women with marital discord at selected community area in Experimental Group.

Table 4.3: Mean, SD, Mean Difference and paired-‘t’ value on level of psychosocial well being among women with marital discord in selected community area in experimental group before and after Relationship Enhancement Program.

n=30

Experimental Group	Mean	SD	Mean difference	df	‘t’ value
Pre test	53.06	5.87	15.03	29	13.43*
Post test	38.03	6.38			

Table value $t=2.05$, * Significant at $p \leq 0.05$ level.

The above table represent, in experimental group the pre test mean score on level of psychosocial well being among women with marital discord, 53.06 ± 5.87 and the post test mean score is 38.03 ± 6.38 with a mean difference of 15.03. The estimated paired 't' value 13.43 is significantly higher than the table value 2.05 at $p \leq 0.05$ level.

It shows that the Relationship Enhancement Program is effective in improving the level of psychosocial well being among women with marital discord. Hence the research hypothesis H_1 is retained at $p \leq 0.05$ level.

b) Effectiveness of Relationship Enhancement Program on post test level of psychosocial well being among women with marital discord in Experimental group and control group.

Table 4.4: Mean, SD, Mean Difference and independent-‘t’ value on post test level of psychosocial well being among women with marital discord in experimental group and control group. n=60

S. No	Group	Mean	SD	Mean difference	df	‘t’ value
1.	Experimental group	38.03	6.38	12.47	58	17.77*
2.	Control group	50.5	8.53			

Table value $t = 2.01$, * Significant at $p \leq 0.05$ level.

The above table represent, the post test mean score on level of psychosocial well being among women with marital discord in experimental group is 38.03 ± 6.38 and in control group the post test mean score is 50.5 ± 8.53 with a mean difference of 12.47. The calculated independent ‘t’ value 17.77 is significantly higher than the table value 2.01 at $p \leq 0.05$ level.

It shows that relationship enhancement program is effective in improving level of psychosocial well being among women with marital discord in experimental group. Hence the research hypothesis H_2 is retained at $p \leq 0.05$ level.

c) Association between the psychosocial well being and their Selected Demographic Variables in Experimental and Control Group

Table-4.5: Chi-square test on post test level of psychosocial well being among women with marital discord and their Demographic Variables in experimental group. n=30

S.No	Demographic variables	df	χ^2	Table value
1.	Age	2	1.85	5.99
2.	Education	2	2.33	5.99
3.	Education of husband	3	1.85	7.82
4.	Occupation of husband	2	0.14	5.99
5.	Family monthly income	2	1.24	5.99
6.	Type of family	2	1.86	5.99
7.	Type of marriage	1	1.55	3.84
8.	No of children	2	2.72	5.99
9.	Duration of marital life in years	3	2.88	7.82
10.	Age at marriage	1	0.25	3.84

***Significant at $p \leq 0.05$ level.**

The above table reveals that, there is no significant association found between the level of psychosocial well being among women with marital discord and their demographic variables in experimental group. Hence hypothesis H_3 is rejected.

Table-4.6: Chi-square test on post test level of psychosocial well being among women with marital discord and their Demographic Variables in control group.

n=30

S.No	Demographic variables	df	χ^2	Table value
1.	Age	3	26.65*	3.84
2.	Education of husband	4	5.65	9.49
3.	Education of wife	4	2.44	9.49
4.	Occupation of husband	4	0.76	9.49
5.	Occupation of wife	4	0.06	9.49
6.	Family monthly income	3	0.09	7.82
7.	Type of family	2	1.30	5.99
8.	Type of marriage	1	0.32	3.84
9.	Religion	3	0	7.82
10.	No of children	3	5.92	7.82
11.	Duration of marital life in years	3	7.14	7.82
12.	Age at marriage	1	0.23	3.84
13.	Presence of chronic medical illness	1	0	3.84

*** Significant at $p \leq 0.05$ level.**

The above table reveals that, there is significant association found between the level of psychosocial well being among women with marital discord and their age in control group. Hence hypothesis H_3 is retained for the above mentioned demographic variable at $p \leq 0.05$ level.

Summary

This chapter dealt with the data analysis and interpretation in the form of statistical values based on the objectives. Paired and independent 't' test was used to evaluate the effectiveness of relationship enhancement program on level of psychosocial well being among women with marital discord. Chi square test was used to find out association between the relationship enhancement program on level of psychosocial well being among women with marital discord and their demographic variables.

CHAPTER – V

DISCUSSION

This study was done to evaluate the Effectiveness of Relationship enhancement program on Psychosocial Wellbeing among Women with marital discord at selected Community area, Salem.

Demographic Profile of the samples

In experimental group, 12(40%) women with marital discord belong to 25-30 years of age, 12(40%) women with marital discord belong to 31 – 35 years of age, 14 half of the women with marital discord 15(50%) had high school education, (46.6%) women with marital discord husbands had high school education, all 30(100%) women with marital discord were house wives, 17(56.6%) women with marital discord belong to nuclear family.6%) women with marital discord husbands were private employee, 16(53.3%) women with marital discord were earning Rs.6001 – 8000, nearly all the 29(96.6%) women with marital discord belong to non-consanguineous marriage, all 30(100%) women with marital discord belong to hindu religion, the majority of women with marital discord 21(70%) had 1-2 children, 17(56.6%) women with marital discord had 6-10 years of marital years, 27(90%) women with marital discord belong to above 18 years of age at marriage, and all 30(100%) women with marital discord were not having any chronic medical illness.

In control group, 13(43.3%) women with marital discord belong to 25-30 years of age, more than half of the women with marital discord 17(56.66%) had primary school education, 29(96.66%) women with marital discord were house wives, half of the women with marital discord husbands 15(50%) had high school education, 14(46.66%) women with marital discord with marital discord husband were doing business,16(53.33%) were earning Rs.6001-8000 income, 21(70%) women with

marital discord belong to nuclear family, majority 27(90%) women with marital discord belong to consanguineous marriage, all 30(100%) women with marital discord belong to Hindu religion, majority 21(70%) women with marital discord had 1-2 children, 14(46.66%) women with marital discord had 6-10 years of marital life ,27(90%) women with marital discord belong to above 18 years of age at marriage and all 30(100%) women with marital discord were not having any chronic medical illness.

The present study supported by **Won Hee Jun, PhD, (2014)**, conducted a study Effects of a Psychological Adaptation Improvement Program for International Marriage Migrant in South Korea. The participants' demographic data and the results for demographic characteristics between the intervention and control groups 28 samples belong to 24-30 years, 10 (45.4%) samples done high school education, 6 samples belong to Catholic religion, 10(45.5%) samples earn 150 – 200 won Family income monthly ,15(68.2%) samples not doing any job,12(54.6%) samples 4-6 years of marital life,13 (59.1%) samples husbands doing agricultural work,11(50%) of samples husbands had high school education,10(45.5) samples had 2 children.

The first objective of the study was to assess the level of psychosocial well being among women with marital discord in experimental and control group.

During pre-test, in experimental group all 30(100%) women with marital discord had moderate impairment in psychosocial wellbeing. In control group, 28(80%) women with marital discord had moderate impairment of psychosocial well being and 2(20%) women with marital discord had severe impairment psychosocial wellbeing.

The present study supported by **Ali Sheykholeslami,(2016)** a study to assess the level of psychological distress among married women with relationship problems

in Tanzania. The main study was conducted with 110 married samples with relationship problems using non probability purposive sampling technique. The study findings reveal that assessment of level of psychological distress among samples with relationship problems. 10(11%) were had low level of psychological distress, 45 (49.5%) of the samples were had moderate level of psychological distress, 55 (60.5%) of the samples were had high level of psychological distress.

The second objective was to determine the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord in experimental group.

In experimental group the pre test mean score on level of psychosocial well being among women with marital discord, 53.06 ± 5.87 and the post test mean score was 38.03 ± 6.38 with a mean difference of 15.03. The estimated paired 't' value 13.43 is significantly higher than the table value 2.05 at $p \leq 0.05$ level. It shows that the Relationship Enhancement Program was effective in improving the level of psychosocial well being among women with marital discord. Hence the research hypothesis H_1 is retained at $p \leq 0.05$ level.

The present study was supported by **Valerie M. Johnson, (2012)** conducted a study program evaluation of the strong marriages successful ministries program in Newyork. The relationship enhancement program was conducted in small groups in the homes. The pretest mean score was 25.23 ± 4.35 and the post test mean score is 26.34 ± 3.50 . The 't' value was -3.09 which was significant at $p \leq 0.05$ level.

This study supports that relationship enhancement program was effective method to improve the psychosocial well being among women with marital discord.

The third objective of the study was to determine the association between the level of psychosocial wellbeing and selected demographic variables among women with marital discord in experimental and control group.

There was significant association ($p \leq 0.05$) between the level of psychosocial wellbeing among women with marital discord and their age in control group. There was no significant association ($p \leq 0.05$) between the level of psychosocial wellbeing among women with marital discord and other selected demographic variables in experimental and control group.

The present study supported by **Amanda kepler,(2015)** conducted study on Marital satisfaction: the impact of premarital and couples counseling at st. Catherine University. The chi-square results revealed that the relation between variables was not significant chi-square ($dfN=27$) $p=3.084$. Results shows that spouses who participated in couples counseling did not have a significant higher level of marital satisfaction than those who did not participate in couples counseling.

Summary

This chapter dealt with the discussion of the study with reference to objectives and supportive studies.

CHAPTER VI

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter consists of four sections. In the first two sections, the summary and conclusion are presented. In the last two sections, the implications for nursing practice and recommendations for further research are presented.

Summary

Quantitative approach with quasi experimental research design was used to determine the effectiveness of relationship enhancement program on psychosocial wellbeing among women with marital discord. The conceptual framework for the study was based on J.W.Kenny's Open System Model, (1990). The tool used in this study consisted of three sections. Section one was demographic variables, section two was Modified conflict tactic scale to assess the marital discord among women and section three was Author devised interview schedule to assess the level of psychosocial well being among women with marital discord. Purposive sampling technique was used to select the samples and data was collected from 60 samples with marital discord of community areas, Salem, Tamil Nadu.

The data were collected and analyzed using descriptive and inferential statistics. To test the hypothesis, independent't' test, dependent't' test and chi square test were used. The level of significance was assessed at $p \leq 0.05$ to test the hypothesis.

The Major Findings are

- The demographic profile in experimental group, 12(40%) women with marital discord belong to 25-30 years of age, 12(40%) women with marital discord belong to 31 – 35 years of age, 14 half of the women with marital discord 15(50%) had high school education ,(46.6%) women with marital discord'

husbands had high school education, all 30(100%) women with marital discord were house wives, 17(56.6%) women with marital discord belong to nuclear family, 6(20%) women with marital discord husbands were private employee, 16(53.3%) women with marital discord were earning Rs.6001 – 8000, nearly all the women with marital discord 29(96.6%) belong to non-consanguineous marriage, all 30(100%) women with marital discord belong to Hindu religion, the majority of women with marital discord 21(70%) had 1-2 children, 17(56.6%) women with marital discord had 6-10 years of marital years, 27(90%) women with marital discord belong to above 18 years of age at marriage, and all 30(100%) women with marital discord were not having any chronic medical illness.

- In control group 13(43.3%) women with marital discord belong to 25-30 years of age, nearly half of the women with marital discord 17(56.66%) had primary school education, 29(96.66%) women with marital discord were house wives, half of the women with marital discord husband 15(50%) had high school education, 14(46.66%) women with marital discord husbands were doing business, 16(53.33%) were earning Rs.6001-8000 income, 21(70%) women with marital discord belong to nuclear family, majority 27(90%) women with marital discord belong to consanguineous marriage, all 30(100%) women with marital discord belong to Hindu religion, majority 21(70%) women with marital discord had 1-2 children, 14(46.66%) women with marital discord have 6-10 years, 27(90%) women with marital discord belong to above 18 years of age at marriage and all 30(100%) women with marital discord were not having any chronic medical illness.

- During pre-test, in experimental group, all 30(100%) women with marital discord had moderate impairment in psychosocial wellbeing. In control group, 28(80%) women with marital discord had moderate impairment of psychosocial well being and 2(20%) women with marital discord had severe impairment psychosocial wellbeing.
- During post test, in experimental group, in experimental group 8(26.66%) women with marital discord had mild impairment of psychosocial wellbeing, 22(73.33%) women with marital discord had moderate impairment of psychosocial wellbeing. In control group 28(80%) women with marital discord had moderate impairment of psychosocial wellbeing, 2(20%) women with marital discord had severe impairment of psychosocial wellbeing.
- In pre test, the mean score of level of psychosocial well being was 53.06 ± 5.87 where as in post test, the mean score of psychosocial well being was 38.03 ± 6.38 . The calculated 't' value 13.43 is significantly higher than the table value of 2.05 at $p \leq 0.05$ level. It shows that the relationship enhancement program was effective in improving the level of psychosocial well being among women with marital discord. Hence the research hypothesis H_1 was retained at $p \leq 0.05$ level.
- There was no significant association found between the level of psychosocial well being among women with marital discord and their demographic variables in experimental group. Hence hypothesis H_3 is rejected.
- There was significant association found between the level of psychosocial well being among women with marital discord and their age in control group. Hence hypothesis H_3 is retained for the above mentioned demographic variable at $p \leq 0.05$ level.

Conclusion

A study was conducted to assess the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord at selected community area, Salem. During pre test all the women with marital discord had moderate impairment in psychosocial well being among women with marital discord. After the implementation of relationship enhancement program some of the women with marital discord had mild impairment in psychosocial well being and most of the women with marital discord had moderate impairment in psychosocial well being but score is reduced. This shows that relationship enhancement program was effective in improving the level of psychosocial well being among women with marital discord.

Implications for Nursing Practice

There are several important implications for nursing practice.

Nursing service:

- Nurses can plan the goal of nursing management of psychiatric patients and enhance their self concept, coping strategies and sense of psychosocial well being through the development of mutually agreed goals.
- Student nurses can use this intervention to boost the sense of well being among samples with marital discord.
- Nurses working in community areas can utilize this relationship enhancement program to enhance the psychosocial well being among women.

Nursing education:

- Student nurses can be trained to assess the level of psychosocial wellbeing of the patient and their relatives.

- Student nurses can be educated in order to enhance their attitude on marital discord by using various interventions and encourage them to practice and participate in interventions.

Nursing administration

- The nurse administrator coordinates her activity along with their preventive and curative aspects of care among women with marital discord by participating, practicing and supervising the relationship enhancement program.
- Nursing administrator can organize in-service education program regarding the effectiveness of relationship enhancement program on psychological wellbeing for staff nurses, and for social workers.

Nursing research

- Nursing research is to be done to find out the various innovative methods to improve the level of psychosocial wellbeing.
- The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

Recommendations

- Similar study can be conducted as comparative study male and female in different settings.
- Similar study can be conducted as longitudinal study between to analyze the effectiveness of relationship enhancement program.
- A study can be conducted with large sample size to generalize the results of the study.
- A similar study can be conducted to different population like married students, divorced couples and women working in different organizations.

- The study can be carried out for a longer period of time.
- The study can be carried to assess the quality of life among the women with marital conflict.

Summary

This chapter dealt with summary conclusion, implications and recommendations.

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- ❖ Christine M. Proulx Marital Quality and Personal Well-Being: A Meta- Analysis, *journal of marital relationship*, page no 1-19.

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ANNEXURE – A

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

From

Ms. Kalavathi A,
II Year M.Sc., (N),
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To

The Principal,
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project - request- reg.

I, **Ms.Kalavathi.A** II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, is conducting a research project in partial fulfillment of “The Tamil Nadu Dr. M.G.R. Medical University, Chennai” as a part of the requirement for the award of M.Sc. (Nursing) Degree.

Topic: “A study to determine the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord at selected community area, Salem”.

I wish to seek the administrative permission to conduct the research study at Karipatti and Poolavari community area, Salem.

Kindly do the needful.

Thanking you.

Date :

Yours sincerely,

Place : Salem

(Ms.Kalavathi A)

ANNEXURE – B
LETTER GRANTING PERMISSION TO CONDUCT A RESEARCH STUDY



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.
Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077
Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

To,

Special Officer / Block Development Officer (VP),

Karipatti village,

Salem,

Respected Sir/Madam,

Sub: Permission to conduct Research Project Request-reg.

This is to introduce **Ms.A.Kalavathi**, Final Year M.Sc. (Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamilnadu Dr. M.G.R. Medical University, Chennai" in partial fulfillment for university requirement for the award of M .Sc (Nursing) Degree.

Topic: "A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at Selected Community area, Salem".

I request you to kindly permit her to conduct the research study in your village.

Thanking you,

Date:

Place:

[Handwritten signature]
[Handwritten word: Permitted]

Yours Sincerely,

[Handwritten signature]
(Dr. K.Tamizharasi)



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakulam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

To,

Special Officer,

Poolavari village,

Salem.

Respected Sir/Madam,

Sub: Permission to conduct Research Project Request-reg.

This is to introduce Ms.A.Kalavathi, Final Year M.Sc. (Nursing) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamilnadu Dr. M.G.R. Medical University, Chennai" in partial fulfilment for university requirement for the award of M.Sc (Nursing) Degree.

Topic: "A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at selected community area, Salem".

I request you to kindly permit her to conduct the research study in your village.

Thanking you,

Date:

PERMISSION ACCORDED.

Yours Sincerely,

Place: Salem

Permission Given to A. Kalavathi
to conduct Research at Poolavari panchayat
on title: Psychosocial wellbeing among
women with Marital discord on condition basis
Without adverse data against Government.
(Dr.K.Tamizharasi)
Sri Gokulam College of Nursing
per approved / all the necessary approvals for the
conducting research project.

9/2/17

ANNEXURE – C
LETTER REQUESTING PERMISSION TO CONDUCT PILOT STUDY



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.
Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077
Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date : _____

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

To

The President,

Poolavari village,

Salem.

Respected Sir/Madam,


Sub: Permission to conduct pilot study-request-reg.

This is to introduce Ms. A.Kalavathi, final Year M.Sc. (Nursing) student of Sri Gokulam College of Nursing, Salem. She is to conduct a research project which is to be submitted to "The Tamilnadu Dr. M.G.R. Medical University, Chennai" in partial fulfilment for university requirement for the award of M.Sc. (Nursing) Degree.

Topic: "A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital Discord at selected community area, Salem".

I request you to kindly permit her to conduct a pilot study in your village.

Thanking you,


K. முத்துப்பொன்னு குப்புசாமி
EX- தலைவர்
புலவர் சிவசுந்தரம் ஐயங்கார்
விருப்பம் நுழைபம்,
சேலம் மாவட்டம்.

Date: _____

Place: Salem

Yours Sincerely,


(Dr.K.Tamizharasi)
PRINCIPAL
Sri Gokulam College of Nursing
SALEM - 636010.

ANNEXURE - D
LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR
CONTENT VALIDITY OF THE RESEARCH TOOL

From

Ms. Kalavathi. A,
II Year M.Sc., (N),
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To

(Through proper channel)

Respected Sir/Madam,

**Sub: Requesting opinion and suggestions of experts for establishing
content validity of the tool.**

I, **Ms.Kalavathi. A**, final year M.Sc.(Nursing) student of Sri Gokulam college of Nursing, Salem, have selected the below mentioned statement of the problem for the research study to be submitted to The Tamilnadu Dr.M.G.R.Medical University, Chennai as partial fulfilment for the award of Master of Science in Nursing.

Topic: “A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial well being among Women with Marital discord at Selected community area, Salem”.

I request you to kindly validate the tools developed for the study and give your expert opinion and suggestions for necessary modifications.

Thanking you.

Date :

Yours sincerely,

Place : Salem

(Ms.Kalavathi A)

Enclosed:

1. Certificate of validation
2. Criteria checklist for evaluation of tool
3. Tool for collection of data
4. Intervention

ANNEXURE –E
TOOL FOR DATA COLLECTION

- Section-A: Demographic data
- Section-B: Modified conflict tactic scale to screen the marital discord among women.
- Section-C: Structured interview schedule to assess the psychosocial well being among women with marital discord.

SECTION - A
DEMOGRAPHIC DATA

Instruction to the respondents,

Dear participant, kindly answer the following questions will be related to your personal information. Your answer will be kept confidential.

- 1) Age in years
 - a) 25 – 30
 - b) 31 – 35
 - c) 36 – 40
 - d) 41 – 45
- 2) Education
 - a) No formal education
 - b) Primary school
 - c) High school
 - d) Higher secondary
 - e) Graduate
- 3) Education of
 - a) No formal education
 - b) Primary school husband
 - c) High school
 - d) Higher secondary
 - e) Graduate
- 4) Occupation
 - a) Daily wages
 - b) Business
 - c) Private employee
 - d) Government employee

- 5) Occupation of husband
- a) Daily wages
 - b) Business
 - c) Private employee
 - d) Government employee
 - e) Unemployed
- 6) Family monthly income
- a) Rs. 2001 – 4000
 - b) Rs. 4001 – 6000
 - c) Rs. 6001 – 8000
 - d) Above Rs.8000
- 7) Type of family
- a) Nuclear family
 - b) Joint family
 - c) Extended family
- 8) Type of marriage
- a) Consanguineous marriage
 - b) Non-consanguineous marriage
- 9) Religion
- a) Hindu
 - b) Muslim
 - c) Christian
 - d) Others
- 10) No . of children
- a) None
 - b) 1 – 2
 - c) 3 – 4
 - d) more than 4
- 11) Duration of marital life in years
- a) 1 – 5 years
 - b) 6 – 10 years
 - c) 11 – 15 years
 - d) above 16 years

12) Age at marriage

a) Below 18

b) Above 18

13) Presence of chronic medical illness

a) Yes

b) No

If yes, specify

SECTION – B
MODIFIED CONFLICT TACTIC SCALE

Instruction to the respondents

Dear participants kindly answer the following question regarding marital discord. Your answer will be kept confidential.

S.No	Question	Never (0)	Occasionally (1)	Often (2)	Always (3)
1.	Do you have difficulty just simply talking to each other?				
2.	Do you have difficulty in staying emotionally in touch with each other?				
3.	Do you felt that your spouse is understanding your stress and worries?				
4.	Whether your husband is dominating you always?				
5.	Does your husband show any job stress or other stresses on you?				
6.	Do you share your affections verbally?				
7.	Do you feel that your spouse is expressing less love?				
8.	Are you satisfied with sex?				
9.	Do you think your husband has less desire in sex?				
10.	Do you feel that both of you having different goals about your children?				
11.	Do you have any difference in disciplining your children?				
12.	Are you maintaining close relationship with your children?				
13.	Are you accepting your partner's family?				
14.	Are you uncertain of whatever happens to				

	you?				
15.	Do you experience any unnecessary fights with your husband?				
16.	Do you think that your anger and irritability will interrupt your marital life?				
17.	Do you have any unnecessary blaming experience by your husband?				
18.	Do you feel criticized?				
19.	Do you have any difference in belief in general?				
20.	Do you feel any difference in leisure time?				
21.	Do you feel satisfied in your life with your partner?				
22.	Do you experience any physical violence with your partner?				
23.	Are you taking any alcohol or drug due to marital discord?				
24.	Do you feel any disappointment about your marriage?				
25.	Do you both share the family work load?				
26.	Do you have any difference of opinion about how to spend money?				
27.	Do you spend time for fun activities?				
28.	Does your spouse allow you to meet your friends?				
29.	Does your husband permit you to involving in social function?				
30.	Do you both are maintaining good interaction with your neighbours?				

SECTION - C
PSYCHOSOCIAL WELL BEING SCALE

Instruction to the respondents

Dear participants kindly answer the following question regarding psychological well being. Your answer will be kept confidential.

S.No	Question	Never (0)	Occasionally (1)	Often (2)	Always (3)
I	PSYCHOLOGICAL PROBLEMS				
1.	Do you feel you are alone?				
2.	Do you feel that nobody is there to help you?				
3.	Do you feel that your life is worthless?				
4.	Do you feel that you are leading an aimless life?				
5.	Do you have loss of appetite?				
6.	Do you have difficulty in falling asleep?				
7.	Do you experience any aches or pain in your body?				
8.	Do you feel that this society protects you?				
9.	Do you feel other people in the society disturbs you?				
10.	Do you experience any physical assault from your husband?				
11.	Do you have any pain due to physical assault?				
12.	Have you ever experienced any injury in your body after physical assault?				
13.	Do you feel ashamed when others are talking about your family problems?				
14.	Do you feel your prestige is low?				
15.	Do you cry openly for the life you are leading?				
16.	Do you feel free to express your difficulties to your husband and relatives?				
17.	Does your husband assault your children?				

18.	Do you feel ashamed when your husband is assaulting you?				
19.	Do you feel your health is getting spoiled because of marital discord?				
20.	Do you think your husband has illegal affair with another women?				
21.	Does your husband suspect you?				
22.	Do you feel that you are sexually satisfied?				
23.	Do you have diminished sexual performance?				
24.	Do you feel that you satisfy your husband sexually?				
III	SOCIAL PROBLEMS				
25.	Do you feel that you are picking up quarrels with others when your husband is drunk and fighting with you?				
26.	Do you talk about your family problems with other family members?				
27.	Do you maintain good interaction with you neighbours?				
28.	Do you feel no one is assisting to take care of your family?				
29.	Do you get emotional support from society?				
30.	Are you able to fulfil your family needs?				
31.	Do you encounter financial crisis in your family?				
32.	Do you get enough money from your husband?				
33.	Do you feel ashamed to attend social functions?				
34.	Do you find difficulty in maintaining interaction with others during social functions?				
35.	Does your relatives respect you during social gatherings?				

NOTE: Above Item no 12, 17, 22, 24, 26, 27, 29, 30, 32, 35 are negative questions.

பகுதி - அ
தனிநபர் பற்றிய விபரம்

குறிப்பு:

அன்பான பங்கேற்பாளரே, தனிநபர் பிரிவில் சில தகவல்கள் தேவைப்படுகிறது. நீங்கள் ஒவ்வொரு கேள்விக்கும் சரியான பதில் அளிக்குமாறு கேட்டுக்கொள்ளப்படுகிறீர்கள். உங்களது பதில் இரகசியமாக வைக்கப்படும்.

மாதிரி எண்:

தேதி:

1. வயது (ஆண்டுகளில்)

அ) 25 - 30

ஆ) 31 - 35

இ) 36 - 40

ஈ) 41 - 45

2. கணவரின் கல்வித்தகுதி

அ) கல்வியின்மை

ஆ) தொடக்கக்கல்வி

இ) உயர்நிலைக்கல்வி

ஈ) பட்டப்படிப்பு

3. மனைவியின் கல்வித்தகுதி

அ) கல்வியின்மை

ஆ) தொடக்கக்கல்வி

இ) உயர்நிலைக்கல்வி

ஈ) பட்டப்படிப்பு

4. கணவரின் தொழில்

அ) கூலித்தொழிலாளர்

ஆ) வியாபாரம்

இ) தனியார் பணியாளர்

ஈ) அரசுப்பணியாளர்

5. மனைவியின் தொழில்

- அ) கூலித்தொழிலாளி
- ஆ) வியாபாரம்
- இ) தனியார் பணியாளர்
- ஈ) அரசுப்பணியாளர்

6. குடும்பத்தின் மாத வருமானம்

- அ) ரூ.2000 - 4000
- ஆ) ரூ. 4001 - 6000
- இ) ரூ.6001 - 8000
- ஈ) ரூ.8001க்கு மேல்

7. குடும்பத்தின் வகை

- அ) தனிக்குடும்பம்
- ஆ) கூட்டுக்குடும்பம்
- ஈ) பெரியக்குடும்பம்

8. திருமணத்தின் வகை

- அ) காதல் திருமணம்
- ஆ) பெற்றோர்களால் நிச்சயிக்கப்பட்ட திருமணம்

9. மதம்

- அ) இந்து
- ஆ) முஸ்லீம்
- இ) கிறிஸ்துவர்
- ஈ) மற்றவர்

10. குழந்தைகளின் எண்ணிக்கை

- அ) இல்லை
- ஆ) 1 - 2
- இ) 3 - 4
- ஈ) நான்கிற்கும் மேல்

11. திருமணம் முடிந்து எத்தனை ஆண்டுகள் கடந்துள்ளது

அ) 1 - 5 ஆண்டுகள்

ஆ) 6 - 10 ஆண்டுகள்

இ) 11 - 15 ஆண்டுகள்

ஈ) 15 ஆண்டுகளுக்கு மேல்

12. திருமணத்தின்போது வயது

அ) 18 வயதிற்கு கீழ்

ஆ) 18 வயதிற்கு மேல்

13. வேறு ஏதாவது உடல்நிலைக்குறை

அ) ஆம்

ஆ) இல்லை

ஆம் எனில், குறிப்பிடுக

பகுதி - ஆ

திருமண முரண்பாட்டை கண்டறிவதற்கான அளவுகோல்

குறிப்பு:

அன்பான பங்கேற்பாளரே, கீழ்க்கண்டவற்றில் திருமண முரண்பாட்டை பற்றிய எண்ணங்களை அளவிடுவதற்கான அளவுகோல் உள்ளது. நீங்கள் இந்த அறிக்கையை நன்றாக படித்து உங்களது எண்ணங்களை வெளிப்படுத்தவேண்டும். கொடுக்கப்பட்டிருக்கும் அறிக்கைக்கு உங்களது சரியான எண்ணங்களை பிரதிபலிக்க சரியான கட்டத்தில் டிக் (✓) என குறிப்பிடுக. இவற்றில் எதுவும் சரியும் அல்ல, தவறும் அல்ல. அதனால் நீங்கள் உங்களது எண்ணங்களை நேர்மையாக வெளிப்படுத்தவேண்டும். இவற்றில் நான்கு வகையான பதில் உள்ளது. அவை,

- எப்பொழுதும் இல்லை என்றால் முதல் கட்டத்தில் (✓) செய்யவும்
- எப்பொழுதாவது என்றால் இரண்டாம் கட்டத்தில் (✓) செய்யவும்
- அடிக்கடி என்றால் மூன்றாம் கட்டத்தில் (✓) செய்யவும்
- எப்பொழுதும் என்றால் நான்காம் கட்டத்தில் (✓) செய்யவும்

வ. எண்	விபரம்	எப்பொழுதும் இல்லை	எப்பொழுதாவது	அடிக்கடி	எப்பொழுதும்
1.	ஒருவருக்கொருவர் சாதாரணமாக பேசிக் கொள்வதற்கு கடினமாக உள்ளதா?				
2.	உங்களுக்குள் உணர்வுப்பூர்வமான தொடர்பு குறைவாக உள்ளதா?				
3.	உங்கள் கணவர் உங்களின் மன அழுத்தத்தையும், கஷ்டங்களையும் புரிந்து கொள்கிறாரா?				
4.	எப்பொழுதும் உங்கள் கணவர் உங்களை தாழ்த்திக் கொண்டே இருப்பாரா?				
5.	உங்களது கணவர் வேலை மற்றும் மற்ற சுமைகளை உங்கள் மீது சுமத்துவாரா?				
6.	உங்கள் கணவர் வார்த்தை மூலமாக பாசத்தை வெளிப்படுத்துவாரா?				

7.	உங்கள் கணவர் உங்கள் மீது குறைவான அன்பை மட்டுமே வெளிப்படுத்துகிறார் என்று நினைக்கிறீர்களா?				
8.	நீங்கள் தாம்பத்ய உறவில் திருப்தி அடைகிறீர்களா?				
9.	நீங்கள் உங்கள் கணவருக்கு உடலுறவை பற்றிய ஆசை குறைவாக உள்ளது என்று நினைக்கிறீர்களா?				
10.	உங்களுக்குள் குழந்தைகளை பற்றிய வேறுவேறு எண்ணங்கள் உள்ளனவா?				
11.	உங்களுக்குள் குழந்தைகளுக்கு ஒழுக்கத்தை கற்றுத்தருவதில் வெவ்வேறு கருத்துக்கள் உள்ளனவா?				
12.	நீங்கள் உங்கள் குழந்தைகளிடம் நெருக்கமாக பழகுகின்றீர்களா?				
13.	நீங்கள் உங்கள் கணவர் குடும்பத்தை ஏற்றுக் கொண்டீர்களா?				
14.	நீங்கள் உங்களுக்குள் எந்த நேரத்தில் என்ன நடக்கும் என்று பதற்றமாக உள்ளதா?				
15.	தேவையில்லாத சண்டைகள் உங்களுக்குள் ஏற்படுகின்றதா?				
16.	உங்களின் கோபம் மற்றும் எரிச்சல்கள் உங்களின் திருமண வாழ்க்கையை பாதிக்கின்றது என்று நினைக்கின்றீர்களா?				
17.	நீங்கள் உங்கள் கணவரின் வழியாக தேவையில்லாத ஏமாற்றத்தை சந்தித்ததுண்டா?				
18.	நீங்கள் விமர்சனத்திற்கு ஆளாகின்றீர்களா?				
19.	உங்கள் இருவருக்கிடையில் முக்கியமான நம்பிக்கைகளில் வேறுபாடுகள் உள்ளனவா?				
20.	உங்களுக்குள் பொழுதுபோக்கு சமயத்தில் வித்தியாசம் உள்ளது என்று நீங்கள் நினைக்கிறீர்களா?				
21.	உங்களது வாழ்க்கை உங்கள் கணவரடன் திருப்தியாக உள்ளதா?				
22.	உங்கள் கணவர் உங்களை உடலீதியாக துன்புறுத்துகிறாரா?				

23.	நீங்கள் இந்த திருமண சர்ச்சைகளினால் ஏதேனும் போதை மருந்துகள் எடுத்துண்டா?				
24.	உங்கள் திருமண வாழ்க்கையை ஏமாற்றமாக கருதுகின்றீர்களா?				
25.	நீங்கள் உங்களது குடும்ப வேலைகளை பகிர்ந்து கொள்கிறீர்களா?				
26.	உங்கள் இருவருக்கிடையில் பணம் செலவழிப்பதில் வேறுபாடுகள் உள்ளனவா?				
27.	நீங்கள் கேளிக்கைக்காக நேரத்தை ஒதுக்கியதுண்டா?				
28.	நீங்கள் உங்கள் நண்பர்களை சந்திக்க உங்கள் கணவர் அனுமதிப்பதுண்டா?				
29.	சமூக நிகழ்ச்சிகளில் கலந்துக்கொள்ள உங்கள் கணவர் உங்களை அனுமதிப்பதுண்டா?				
30.	நீங்கள் உங்கள் அண்டை வீட்டாரிடம் சுமுகமான உறவு வைத்துள்ளீர்களா?				

பகுதி -இ

சமூக மனநிலை பிரச்சனைகளை கண்டறிவதற்கான அளவுகோல்

குறிப்பு:

அன்பான பங்கேற்பாளரே, கீழ்க்கண்டவற்றில் சமூக மனநிலை பிரச்சனைகளை பற்றிய எண்ணங்களை அளவிடுவதற்கான அளவுகோல் உள்ளது. நீங்கள் இந்த அறிக்கையை நன்றாக படித்து உங்களது எண்ணங்களை வெளிப்படுத்தவேண்டும். கொடுக்கப்பட்டிருக்கும் அறிக்கைக்கு உங்களது சரியான எண்ணங்களை பிரதிபலிக்க சரியான கட்டத்தில் டிக் (✓) என குறிப்பிடுக. இவற்றில் எதுவும் சரியும் அல்ல, தவறும் அல்ல. அதனால் நீங்கள் உங்களது எண்ணங்களை நேர்மையாக வெளிப்படுத்தவேண்டும். இவற்றில் நான்கு வகையான பதில் உள்ளது. அவை,

- எப்பொழுதும் இல்லை என்றால் முதல் கட்டத்தில் (✓) செய்யவும்
- எப்பொழுதாவது என்றால் இரண்டாம் கட்டத்தில் (✓) செய்யவும்
- அடிக்கடி மூன்றாம் என்றால் கட்டத்தில் (✓) செய்யவும்
- எப்பொழுதும் என்றால் நான்காம் கட்டத்தில் (✓) செய்யவும்

வ. எண்	விபரம்	எப்பொழுதும் இல்லை	எப்பொழுதாவது	அடிக்கடி	எப்பொழுதும்
அ.	மனநிலை பிரச்சனைகள்				
1.	நீங்கள் தனிமையில் இருப்பதாக உணர்கின்றீர்களா?				
2.	உங்களுக்கு யாரும் உதவுவதில்லை என்று நினைக்கின்றீர்களா?				
3.	உங்கள் வாழ்க்கை பயனற்றது என்று நினைக்கின்றீர்களா?				
4.	ஒரு குறிக்கோளற்ற வாழ்க்கையை வாழ்கின்றீர்களா?				
5.	உங்களுக்கு பசியின்மை தொந்தரவு இருக்கின்றதா?				
6.	உங்களுக்கு தூக்கமின்மை தொந்தரவு இருக்கின்றதா?				
7.	உங்கள் உடலில் ஏதேனும் வலியை நீங்கள் அனுபவத்திருக்கிறீர்களா?				

8.	சமுதாயம் உங்களை பாதுகாக்கின்றது என்று நினைக்கின்றீர்களா?				
9.	வெளி மனிதர்கள் உங்களுக்கு தொந்தரவு கொடுப்பதாக நினைக்கின்றீர்களா?				
10.	உங்களது கணவர் உங்களை உடல் ரீதியாக துன்புறுத்தியிருக்கிறாரா?				
11.	உங்களுக்குள் ஏற்படும் உடல்ரீதியான சண்டையினால் ஏதேனும் வலியை அனுபவித்துள்ளீர்களா?				
12.	இந்த உடல்ரீதியான சண்டையினால் உங்கள் உடலில் ஏதேனும் கயாம் ஏற்பட்டிருக்கிறதா?				
13.	மற்றவர்கள் உங்கள் குடும்ப பிரச்சனைகளை பற்றி பேசும்பொழுது உங்களுக்கு வெட்கமாக இருக்கின்றதா?				
14.	உங்கள் கௌரவம் குறைந்துவிட்டதாக நினைக்கின்றீர்களா?				
15.	நீங்கள் வாழும் வாழ்க்கையை நினைத்து வெளிப்படையாக அழுவதுண்டா?				
16.	உங்களுடைய கஷ்டங்களை உங்கள் கணவரிடமும் மற்றும் உறவினர்களிடமும் வெளிப்படையாக சொல்ல முடிகின்றதா?				
17.	உங்கள் கணவர் உங்கள் குழந்தைகளை அடிப்பதுண்டா?				
18.	உங்கள் கணவர் உங்களை அடிக்கும்போது அவமானமாக இருக்கின்றதா?				
19.	இந்த திருமண சர்ச்சையால் உங்களுக்கு உடல்நலம் பாதிக்கப்படுவதாக உணர்கிறீர்களா?				
20.	வேறு பெண்களுடன் உங்கள் கணவருக்கு தொடர்பு இருக்கின்றது என்று நினைக்கின்றீர்களா?				
21.	உங்கள் கணவர் உங்களை சந்தேகப்படுகின்றாரா?				
22.	உங்கள் தாம்பத்ய உறவு திருப்தி அளிக்கின்றதா?				
23.	உங்களுக்கு தாம்பத்ய உறவில் ஏதேனும் குறைப்பாட உள்ளதா?				
24.	உங்களின் தாம்பத்ய உறவு உங்கள் கணவருக்கு திருப்தி அளிக்கிறதா?				

ஆ.	சமூக பிரச்சனைகள்				
25.	உங்கள் கணவர் உங்களுடன் அடிக்கடி சண்டை போடுவதால் மற்றவர்கள் உங்களை வேதனைப் படுத்துகிறார்களா?				
26.	உங்கள் குடும்ப பிரச்சனைகள் பற்றி நீங்கள் மற்ற குடும்பத்தில் உள்ளவர்களிடம் பேசுவதுண்டா?				
27.	நீங்கள் உங்கள் அண்டை வீட்டாரிடம் சமூகமான உறவு வைத்துள்ளீர்களா?				
28.	உங்கள் குடும்பத்தை நடத்த மற்றவர்கள் உதவுவதில்லை என்று உணர்கின்றீர்களா?				
29.	உங்களுக்கு சமுதாயத்திடமிருந்து உளவியல் ரீதியான உதவிகள் கிடைக்கின்றதா?				
30.	உங்கள் குடும்ப தேவைகளை பூர்த்தி செய்ய முடிகின்றதா?				
31.	உங்களுக்கு குடும்பத்தில் பணப்பிரச்சனைகள் வருவதுண்டா?				
32.	உங்கள் கணவரிடமிருந்து உங்களுக்கு தேவையான பணம் கிடைக்கின்றதா?				
33.	சமூக நிகழ்ச்சிகளில் கலந்து கொள்ள வெட்கப்படுகின்றீர்களா?				
34.	சமூக நிகழ்ச்சிகளில் கலந்து கொள்ளும்பொழுது நீங்கள் எல்லோரிடமும் நன்றாக கலந்துடையாடுவீர்களா?				
35.	சமூக நிகழ்ச்சிகளில் கலந்து கொள்ளும்பொழுது உங்கள் உறவினர்கள் உங்களுக்கு மதிப்பு கொடுப்பதுண்டா?				

ANNEXURE-F

PROCEDURE FOR RELATIONSHIP ENHANCEMENT PROGRAM

Relationship Enhancement Program is an empirically informed and rigorously tested model for teaching couples how to communicate effectively, work as a team to solve problems, manage conflicts without damaging closeness, and preserve and enhance commitment and friendship.

Benefits of relationship enhancement program:

Involving women with marital discord in relationship enhancement program has many benefits they are as mentioned below:

- ✓ It prevent conflict between couples.
- ✓ It enhance relationship between couples.
- ✓ It improve psychosocial well being of women.
- ✓ It improves communication between couples.
- ✓ Increase the ability to communicate and practice self expression.
- ✓ Increase social interaction through the sharing of experiences.
- ✓ Allow the women express their emotions about their life.
- ✓ Increasing life satisfaction.
- ✓ Alleviate depression.
- ✓ Meeting psychological and emotional needs.

Steps of procedure for relationship enhancement program:

Relationship enhancement program was carried out by three stages which includes meditation, problem solving technique, music therapy and laughter therapy.

Meditation:

- ✓ Explaining about the aum meditation and pranayama to the client.
- ✓ Ensure the client is comfortable.
- ✓ Aum meditation and pranayama was taught to the samples for 10 minutes.

Problem Solving Technique

Brain storming;

It is group creativity technique by which efforts are made to find a conclusion for a specific problem by gathering a list of ideas spontaneously contributed by its members.

Agree and compromise;

In this stage the group members act in particular situation(situation related to conflict between husband and wife) and agree their mistakes.

Exploring core beliefs

In this stage gather all common beliefs from the group members regarding the problem.

Trail solution

In this stage the investigator will ask solution to a particular problem from the group members and the investigator encourage the groups to come up with proper solution.

Music Therapy

- ✓ Explained about the music therapy to the client.
- ✓ Ensured the client was comfortable.
- ✓ Relaxing classical music based on kiravani and mohana raga were included
- ✓ The music was played using an audio (CD) player.
- ✓ The participants were made to listen the music for 10 minutes.

Laughing Therapy

It was help to reduce the stress and depression.

Eg;

Centimeter laugh

Meter laugh

Lion laugh

Zip laugh

For first day (12.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that day discussed about what are all the common problems between husband and wife. In that conflict between husband and wife regarding their children were discussed. The group members were actively participated and they given many solutions for that problem.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For second day (13.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

Meditation was given to the samples for 10 minutes

- a) Problem solving technique

In that day conflict between husband and wife due to alcohol intake. In that causes of alcoholism, problems related to alcoholism, treatment of alcoholism, prevention of

alcoholism and what are all the ways came with this problem. These are all the topics were discussed. The group members were actively participated and they given many solutions for that problem.

- b) Music therapy was given to the samples for 10 minutes
- c) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For third day (14.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that conflict between husband and wife due to stress. In that causes of stress, problems related to stress, stress management techniques were discussed. The group members were actively participated and they given many solutions for that problem.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For fourth day (15.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that day physical assault between couples were discussed. In that causes of physical assault, risk factors of physical assault, who is responsible for this assault, whether the women called help from family and others, physical assault occurs daily or occasionally, problems due to physical assault, and how to overcome from this problem were discussed. The group members were actively participated and they given many solutions for that problem.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For fifth day (16.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that day anger between couples were discussed. In that causes of anger, problems due to anger, and how to overcome from this problem were discussed. The group members were actively participated and they given many solutions for that problem.

e) Music therapy was given to the samples for 10 minutes

f) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For sixth day: (17.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day sleeping disturbances due to conflict between couples were discussed. In that causes of sleeping disturbances, disorders of sleep, what are all the precautions to be taken for inducing sleep and how to maintain good sleep and how to maintain good sleep hygiene were discussed. The group members were actively participated and they given many solutions for that problem.

a) Music therapy was given to the samples for 10 minutes

b) Laughter therapy was given to the samples for 5 minutes.

Stage-3:**Wind down:**

Activities were reviewed and the samples went to their homes.

For seventh day: (18.03.2017)**Stage-1:**

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- c) Problem solving technique

In that day some of the physical and psychological symptoms due to marital discord were discussed. In that what are all the physical and psychological symptoms (loneliness, loss of appetite, pain, any injuries due to conflict, etc) women's were experienced, whether her spouse worried about these symptoms, couples are discussed each other, what are all the precautions to be taken for these problems, how to overcome these problems, and what are the solution for prevent these problem these are all the topics were discussed. The group members were actively participated and they given many solutions for that problem.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:**Wind down:**

Activities were reviewed and the samples went to their homes.

For eighth day: (19.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day male dominance were discussed. In that whether your spouse dominating you and your children, whether you accepting this dominance, you're worried about this dominance, due to this dominance any problems you faced, whether your spouse is considering you as equal to him, whether your spouse is threaten physically and emotionally, what are all the precautions to be taken for these problems, how to overcome these problems these are all the topics were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For ninth day: (20.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day child abuse due to marital discord were discussed. In that whether you ,your spouse or family members abusing your children, what type (physical, emotional) of abuse you made on your children, for what reason you abusing your children, you felt guilt about these abuse, who is mostly abusing your's child, whether you consider your's children feelings, whether your children is complaints any problems due to abuse, what are all the precautions to be taken for these problems, how to overcome these problems these are all the topics were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d)Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down:

Activities were reviewed and the samples went to their homes.

For tenth day: (21.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day mother in law problems due to marital discord were discussed. In that what are the problems occur between mother in law's, who is responsible for problems, whether your spouse is support you or your mother in law, whether your

spouse is solve the problem, etc. were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

For eleventh day: (22.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day depression due to conflict between couples. In that causes of depression, consequences of depression, relation between depression and conflict between couples, who is the reason for depression, prevention of treatment depression were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Activities were reviewed and the samples went to their homes.

For twelfth day: (23.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day child education were discussed. In that importance of child education, need of child education, problems in child education were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

For thirteenth day: (24.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day sexual relationship between couples and associated problems were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

For fourteenth day: (25.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day child marriage were discussed. In that causes of child marriage, problems due to child marriage, and prevention of child marriage were discussed. The group members were actively participated and they given many solutions for that problem.

c) Music therapy was given to the samples for 10 minutes

e) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

For fifteenth day: (26.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that day importance of physical health and mental health were discussed.

The group members were actively participated and they given many solutions.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:**Wind down**

Activities were reviewed and the samples went to their homes.

For sixteenth day: (27.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

- a) Meditation was given to the samples for 10 minutes
- b) Problem solving technique

In that day unemployment problems were discussed. The group members were actively participated and they given many solutions.

- c) Music therapy was given to the samples for 10 minutes
- d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.**For seventeenth day: (28.03.2017)**

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day social activities were discussed. In that importance of social relationship, problems in that relationship were discussed.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

For eighteenth day: (29.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day quality of human life were discussed. In that happiness, satisfaction, forgiveness, sadness, importance of life, relationship between humans were discussed. The group members were actively participated.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Activities were reviewed and the samples went to their homes.

For nineteenth day: (29.03.2017)

Stage-1:

Women with marital discord were gathered one place.

Stage-2:

Activities were given as follows.

a) Meditation was given to the samples for 10 minutes

b) Problem solving technique

In that day all the topics were discussed and clarified samples doubt.

c) Music therapy was given to the samples for 10 minutes

d) Laughter therapy was given to the samples for 5 minutes.

Stage-3:

Wind down

Activities were reviewed and the samples went to their homes.

ANNEXURE -G

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms.Kalavathi.A**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to determine the Effectiveness of Relationship Enhancement program on Psychosocial Well being among Women with Marital discord at Selected Community area, Salem.”**

Signature with Date

ANNEXURE - H
LIST OF EXPERTS

- 1. Dr.C.Babu, M.D,**
Specialist in Deaddition and Child Psychiatry'
Consultant Psychiatrist,
Sri Gokulam Hospital, Salem.
- 2. Mrs.Julit sujatha, M.Sc (N),**
HOD of Mental Health Nursing,
Ganga College of Nursing.
Coimbatore.
- 3. Prof. Mrs.Meera, M.Sc(N),**
Professor,
Department of Mental Health Nursing,
PSG College of Nursing,
Coimbatore.
- 4. Mrs. Naga Nandhini, M.Sc (N),**
Associate Professor,
Department of Mental Health Nursing,
Vinayaka Missions College of Nursing, Salem.
- 5. Mr.Sudarsan, M.Sc(N).,**
Assistant Professor,
Department of Mental Health Nursing,
Sri Ramakrishna College of Nursing,
Coimbatore.

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by Ms.Kalavathi.A., Final year M.Sc Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled “ **A Study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at Selected Community Area, Salem**”.

Chandru
12/12/16

Signature with Date

Dr. C. Chandru, Lecturer,
Department of Psychology,
K. J. Somaiya Institute
Sri Gokulam Hospital,
11/69, Kottur Road,
SALEM

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. Kalavathi. A.**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at Selected Community Area, Salem"**.


Signature with Date 01/12/16

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. Kalavathi. A.**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at Selected Community Area, Salem"**.



Signature with Date



CERTIFICATE OF VALIDATION

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Signature with Date

Head of the Department
Department of Psychiatric Nursing
Sri Gokulam College of Nursing
SALEM, TAMILNADU

CERTIFICATE OF VALIDATION

This is to certify that the tool and content developed by **Ms. Kalavathi, A.**, final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Wellbeing among Women with Marital discord at Selected Community Area, Salem"**.


15/12/16
Signature with Date



SALEM SCIENTIFIC YOGA RESEARCH INSTITUTE

(AHL TAMILNADU PHYSICAL EDUCATION AND SPORTS UNIVERSITY)
(Run by : LAKSHMI NATARAJAN CHARITABLE TRUST)

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Yoga Kalanithi, Yoga Kalei Suriyan, Yoga Kalaimamani, Yogacharya

Dr. A.N. ANANTAMURUGAN, Ph.D. (Yoga) M.D. (Acu) M.A. (Eco) M.A. (Astro) M.Sc. (Yoga)
Founder-Director B.Ed., B.P.Ed., N.I.S., (Yoga) P.G.D.Y., D.Y.Sc.Ed., C.F.C.,

Date:

Power Yoga Master

N. PUGALSELVARAJ, M.Sc., M.Ed., M.P.Ed., M.Phil., P.G.D.Y.,
MANAGING TRUSTEE

TO WHOM SOEVER IT MAY CONCERN

This is to certify that Ms.KALAVATHILA has undergone the training for
AUM MEDITATION and PRANAYAMA for 15 days and now she is eligible to
give training on AUM MEDITATION and PRANAYAMA.




Dr. A.N. ANANTAMURUGAN

Yoga Therapist

Dr. A. N. ANANTAMURUGAN, Ph.D. (Yoga)
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YOGA CENTER-II : 135, Ganasubramaniya Nagar, Ist Cross, Thoppukadu, Firlands, SALEM-636 016.

ANNEXURE - I

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled **“A study to determine the effectiveness of relationship enhancement program on psychosocial well being among women with marital discord at selected community area, Salem”** by **Ms.KALAVATHI. A.** It has been checked for accuracy and correctness of English language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

Signature with Date

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled "*A study to determine the Effectiveness of Relationship Enhancement Program on Psychosocial Well being among Women with Marital discord at Selected Community area, Salem.*" by Ms. KALAVATHI.A, It has been checked for accuracy and correctness of English language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose


13/02/2017
Signature with Date

ANNEXURE- J

CERTIFICATE FOR PLAGIARISM

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ANNEXURE - K
PHOTOS



